



Last revised 4/19/02

ANMC Chronic Pain Program  
General AgreementPatient: Todd AllenAddress: 5303 E 3rd Anchorage AK 99507Provider: Maria Freeman

Office

Address: \_\_\_\_\_

- A. I have a chronic pain that has not been controlled by previous measures. It is not expected to go away soon. Therefore, I wish to improve my ability to better manage my pain by participating in the ANMC Chronic Pain Program.
- B. I understand that the goals of the Chronic Pain Program are as follows:
1. Reduce my pain (the severity, frequency of flares, and duration of flares)
  2. Minimize side effects from any medications that I take
  3. Improve my physical and emotional functioning
  4. Improve my ability to participate in my rehabilitation
  5. Reduce the number of visits I may need for Outpatient and/or Emergency Department visits
- C. I understand that this treatment requires me to do the following:
1. Attend 1-2 assessment meetings with my case manager or provider to evaluate my pain;
  2. Attend 3-6 meetings with the assigned health educator to learn about ways to control my pain;
  3. Set reasonable goals every 3-6 months to reduce my pain;
  4. Follow the recommendations of my providers to participate in additional services that I would benefit from (such as active exercises, Mental Health).
- D. I may also wish to improve my pain with opioid medication. If I take opioids, I will sign the "Agreement for Long-term Use of Pain Medications."
- E. I agree to the following limits:
1. I will maintain regular, active participation by coming to all scheduled appointments on time
  2. Once I sign a treatment plan, I will keep all agreements that are needed to reach my treatment goals
  3. For many people living with chronic pain, involvement and support by family and friends in a treatment plan is critical for success. Your provider or case manager may want to contact the family members or friends listed below to see how they can help you in meeting your chronic pain program treatment goals. You will be notified before your provider or case manager contacts them.
- F. My provider or case manager may talk to these family members, friends or people I work with to help check my progress:

## Individuals my Provider May Contact For Information on My Condition

Name	Address	Phone	Relation
1a1 Myra Allen	Box 1836 Cordova AK	1a2 907 424 3084	Mother
1b1 Kim Allen	5303 E. 3rd Anch.	1b2 337-8885	Wife
1c1 Lloyd Kompert	Valdez	1c2 835-3223	Friend

(Patient ID Sticker Here)

2. Patient Signature and Date

Todd Allen 12-12-02

Provider Signature and Date

Last revised 4/29/02

ANMC Chronic Pain Program  
Patient Contact Information

Patient: Todd Allen

Provider: \_\_\_\_\_

Case Manager: Sarah Carter

Contact Name: Sarah Carter

The patient listed above is participating in the Chronic Pain Program at the Family Medicine Clinic at the Alaska Native Medical Center. The patient has listed you as an individual that the provider listed above or their Case Manager may call and talk with about the progress of the patient.

The Provider or Case Manager will not disclose any specific medical information about the patient. The Provider or Case Manager will ask questions related to the patient's progress with the Chronic Pain Program.

Todd Allen  
Patient Signature

12-12-02  
Date

\_\_\_\_\_  
Provider Signature

\_\_\_\_\_  
Date

Last revised 6/14/02

ANMC Chronic Pain Program  
Patient Health Questionnaire

Item	Question	Response
1	What is your name?	Name <u>Todd A. Allen</u>
2	How old are you?	Age in years <u>35 yrs</u>
3	Are you male or female?	Male <input checked="" type="checkbox"/> 1 Female <input type="checkbox"/> 2
4	Today's Date	<u>1/1/02</u>
5a	Questions about Anxiety: In the last 4 weeks, have you had an anxiety attack -- Suddenly feeling fear or panic?	No <input checked="" type="checkbox"/> 0 Yes <input type="checkbox"/> 1  If yes, complete 5b-5d. If no, go to question 7
5b	Has this ever happened before?	No <input type="checkbox"/> 0 Yes <input type="checkbox"/> 1
5c	Do some of these attacks come suddenly out of the blue -- that is, in situations where you don't expect to be nervous or uncomfortable?	No <input type="checkbox"/> 0 Yes <input type="checkbox"/> 1
5d	Do these attacks bother you a lot or are you worried about having another attack?	No <input type="checkbox"/> 0 Yes <input type="checkbox"/> 1
	Think about your last bad anxiety attack	Date: _____
6a	Were you short of breath?	No <input type="checkbox"/> 0 Yes <input type="checkbox"/> 1
6b	Did your heart race, pound, or skip?	No <input type="checkbox"/> 0 Yes <input type="checkbox"/> 1
6c	Did you have chest pain or pressure?	No <input type="checkbox"/> 0 Yes <input type="checkbox"/> 1
6d	Did you sweat?	No <input type="checkbox"/> 0 Yes <input type="checkbox"/> 1
6e	Did you feel as if you were choking?	No <input type="checkbox"/> 0 Yes <input type="checkbox"/> 1
6f	Did you have hot flashes or chills?	No <input type="checkbox"/> 0 Yes <input type="checkbox"/> 1
6g	Did you have nausea or an upset stomach, or the feeling that you were going to have diarrhea?	No <input type="checkbox"/> 0 Yes <input type="checkbox"/> 1
6h	Did you feel dizzy, unsteady, or faint?	No <input type="checkbox"/> 0 Yes <input type="checkbox"/> 1
6i	Did you have tingling or numbness in parts of your body?	No <input type="checkbox"/> 0 Yes <input type="checkbox"/> 1
6j	Did you tremble or shake?	No <input type="checkbox"/> 0 Yes <input type="checkbox"/> 1

035

Patient Health Questionnaire 1

ANMC0000000162

Last revised 6/14/02

6k	Were you afraid of dying?	No..... 0 Yes..... 1
7a	Over the last 4 weeks, how often have you been bothered by any of the following?  Feeling nervous, anxious, on edge, or worrying a lot about different things?	Not at all..... 0 Several days..... 1 2 weeks or more..... 2  If you circled "not at all", go to question 8. If you circled several days or more than $\frac{1}{2}$ the days, complete 7b to 7g.
7b	Feeling restless so that it is hard to sit still	Not at all..... 0 Several days..... 1 2 weeks or more..... 2
7c	Getting tired very easily	Not at all..... 0 Several days..... 1 2 weeks or more..... 2
7d	Muscle tension, aches, or soreness	Not at all..... 0 Several days..... 1 2 weeks or more..... 2
7e	Trouble falling asleep or staying asleep	Not at all..... 0 Several days..... 1 2 weeks or more..... 2
7f	Trouble concentrating on things, such as reading a book or watching TV	Not at all..... 0 Several days..... 1 2 weeks or more..... 2
7g	Becoming easily annoyed or irritable	Not at all..... 0 Several days..... 1 More than $\frac{1}{2}$ the days..... 2
8	Do you ever drink alcohol (including beer or wine)?	No..... 0 Yes..... 1  If you checked "No", go to question 12. If you answered "Yes", answer questions 9, 10, and 11 a to 11e.

036

Patient Health Questionnaire 2

ANMC0000000163

Last revised 6/14/02

9	On an average day/night when you are drinking, how much alcohol do you drink?	List # drinks and type of drink 1 glass wine
10	During a time when you are drinking a lot, how much alcohol do you drink?	List # drinks and type of drink 1 glass wine
	Have any of the following happened to you <u>more than once in the last 6 months?</u>	
11a	Drank alcohol even though a doctor suggested that you stop drinking because of a problem with your health	No ..... 0 Yes ..... 1
11b	Drank alcohol, were high from alcohol, or hung over while you were working, going to school, or taking care of children or other responsibilities?	No ..... 0 Yes ..... 1
11c	Missed or were late for work, school, or other activities because you were drinking or hung over	No ..... 0 Yes ..... 1
11d	Had a problem getting along with other people while you were drinking	No ..... 0 Yes ..... 1
11e	Drove a car after having several drinks or after drinking too much	No ..... 0 Yes ..... 1
12	Do you ever use non-prescription drugs other than over-the-counter drugs?	No ..... 0 Yes ..... 1  If you checked "No", go to question 16. If you answered "yes", answer questions 13, 14, and 15a to 15e.
13	During an average time when you are using drugs, how much do you use?	List # drugs and type of drugs
14	During a time when you are using drugs a lot, how much drugs do you use?	List # drugs and type of drugs
	Have any of the following happened to you <u>more than once in the last 6 months?</u>	
15a	You used drugs even though a doctor suggested that you stop using because of a problem with your health	No ..... 0 Yes ..... 1

037

Patient Health Questionnaire 3

ANMC0000000164



Last revised 6/14/02

15b	Used drugs, were high from taking drugs while you were working, going to school, or taking care of children or other responsibilities?	No.....0 Yes.....1
15c	Missed or were late for work, school, or other activities because you were using drugs	No.....0 Yes.....1
15d	Had a problem getting along with other people while you were using drugs	No.....0 Yes.....1
15e	Drove a car after using drugs	No.....0 Yes.....1
16	If you checked off <u>any</u> problems on this questionnaire, how <u>difficult</u> have these problems made it for you to do your work, take care of things at home, or get along with other people?	Not difficult at all.....0 Somewhat difficult.....1 Very difficult.....3 Extremely difficult.....4
	In the <u>last 4 weeks</u> , how much have you been bothered by any of the following problems?	
17a	Worrying about your health	Not bothered.....1 Bothered a little.....2 Bothered a lot.....3
17b	Your weight or how you look	Not bothered.....1 Bothered a little.....2 Bothered a lot.....3
17c	Little or no sexual desire or pleasure during sex	Not bothered.....1 Bothered a little.....2 Bothered a lot.....3
17d	Difficulties with husband/wife, partner/lover or boyfriend/girlfriend	Not bothered.....1 Bothered a little.....2 Bothered a lot.....3
17e	The stress of taking care of children, parents, or other family members	Not bothered.....1 Bothered a little.....2 Bothered a lot.....3
17f	Stress at work outside of the home or at school	Not bothered.....1 Bothered a little.....2 Bothered a lot.....3
17g	Financial problems or worries	Not bothered.....1 Bothered a little.....2 Bothered a lot.....3
17h	Having no one to turn to when you have a problem	Not bothered.....1 Bothered a little.....2 Bothered a lot.....3
17i	Something bad that happened <u>recently</u>	Not bothered.....1 Bothered a little.....2 Bothered a lot.....3
17j	Thinking or dreaming about something terrible that happened to you in <u>the past</u> - like your house being destroyed, a severe accident, being hit or assaulted, or being forced to commit a sexual act	Not bothered.....1 Bothered a little.....2 Bothered a lot.....3

038

Patient Health Questionnaire 4

ANMC0000000165

Last revised 6/14/02

18	In the <u>last year</u> , have you been hit, slapped, kicked, or otherwise physically hurt by someone, or has anyone forced you to have an unwanted sexual act?	No ..... 0 Yes ..... 1
19	What is the most stressful thing in your life right now? <i>The frequent pain of T.M.J. due to an incident I was involved in.</i>	
20	Are you taking any medicine for anxiety, depression, stress? <i>I was taking Paxil, not on the pills anymore</i>	No ..... 0 Yes ..... 1 Please list:
FOR WOMEN ONLY (Questions about menstruation, pregnancy, and childbirth).		
21a	Which best describes your menstrual periods?	Periods are unchanged ..... 0 No periods because pregnant, or recently gave birth ..... 1 Periods have become irregular or changed in frequency, duration or amount ..... 2 No periods for at least a year ..... 3 Having periods because taking hormone replacement therapy or oral contraceptive ..... 4
21b	During the week before your period starts, do you have a serious problems with your mood, like depression, anxiety, irritability, anger, or mood swings?	No (does not apply) ..... 1 Yes ..... 2
21c	If YES, do these problems go away by the end of your period?	No (does not apply) ..... 1 Yes ..... 2
21d	Have you given birth within the last 6 months?	No (does not apply) ..... 1 Yes ..... 2
21e	Have you ever had a miscarriage within the last 6 months?	No (does not apply) ..... 1 Yes ..... 2
21f	Are you having difficulty getting pregnant?	No (does not apply) ..... 1 Yes ..... 2

Patient's Signature \_\_\_\_\_

Date \_\_\_\_\_

Provider's Signature \_\_\_\_\_

Date \_\_\_\_\_

039

Patient Health Questionnaire 5

ANMC0000000166



Last revised 4/23/02

## ANMC Chronic Pain Program Agreement for Long-term Use of Opioid Pain Medications

Opioid pain medications such as morphine, oxycodone, and codeine are some of the strongest known pain relievers. These medicines may be very helpful for some patients with chronic pain. Some patients say they are able to do more activities when they take these medicines. Most people also say they get a great deal of relief from their pain but do not get complete pain relief.

When I sign this paper I am saying that I understand that taking these opioid medications over a long period of time may cause some side effects. These opioid pain medications could decrease my ability to concentrate and think clearly, though this side effect usually decreases in time. Other side effects may include constipation, dizziness, itching, nausea, and difficulty passing urine. If I already have any of these problems, I will tell my provider.

I know that taking these opioid pain medications for a long period of time may cause me to become dependent. That means that if I stop taking the opioid pain medications suddenly, I could have withdrawal symptoms such as tearing, runny nose, difficulty sleeping, agitation, abdominal pain, and severe discomfort.

I also understand that taking these opioid pain medications over a long period of time may put me at risk for developing an addiction. This means that I could start thinking only about taking opioid pain medications or other drugs so that other important parts of my life, such as my family, friends, work, and health could suffer. I understand that people with addictions are often not aware of the signs of addiction. I know it is very important that my provider follows me closely to see whether I am developing an addiction. To make sure I do not become addicted, I know that my provider may need to check my urine for these opioid pain medications or other drugs. My provider may randomly ask me to bring all of my opioid pain medications to the clinic for a pill count between my scheduled appointments; then, I would be required to report to the clinic within 24 hours. My provider may also need to be in contact with my family members and/or friends, because the symptoms of addiction may be seen by others I know before I see them.

**WOMEN:** Taking regular doses of opioid pain medications during pregnancy may be harmful to growing babies. I know I am not pregnant now and I will make sure as best I can that I will not become pregnant while I am taking opioid pain medications.

### Write your Initials beside the responses:

- A. ST I will do my best to take my opioid pain medications exactly as my provider tells me. If I am not taking them as my provider tells me, I will contact my provider. I will not take more opioid pain medications than my provider tells me to.

(Patient ID Sticker Here)

Todd Allen  
3-30-07  
35362

1

Allen (ANMC) - 14

- B. X I will not share or sell any opioid pain medications with anyone else.
- C. X I will not drink alcohol on days I am taking opioid pain medications. I will not use illegal drugs.
- D. X If I feel tired or mentally foggy, I will not drive, operate heavy machinery, or serve in any capacity related to public safety.
- E. X I will give a urine sample when my provider requests it, to test for opioid pain medications and other drugs, to help test for drug use and monitor for physical dependence or addiction. My provider may ask a clinic staff member (of the same gender) to observe me as I produce the specimen. If I decline, I agree to give a blood sample.
- F. X I will bring all of my opioid pain medications to the clinic every time I come to the Family Medicine Clinic to see a provider so that a staff member can count the number of pills I have. This will help my provider know if I am taking the opioid pain medications in the right way. My provider or case manager may ask me to come to the clinic just for this purpose and I will be required to bring all my opioid pain medications to the clinic within 24 hours.
- G. X I will allow my provider to talk to my family, friends, and/or people I work with, as identified in the Chronic Pain Program General Agreement, to help monitor my progress, as well as to look for early signs of addiction.
- H. X If my provider recommends, I will see a special provider for the purpose of finding out whether I am developing an addiction to opioid pain medications.
- I. X It is my job to call my provider at least 3 business days in advance of running out of my opioid pain medications. I understand that my provider will not be able to prescribe pain medication during evenings and weekends. My provider's partners may not provide me with refills by phone, especially at night or on weekends.
- J. X I understand that in the beginning my provider will ask me to keep written notes about my pain and when I take my opioid pain medications. I will share these notes with my provider. This will help my provider to keep track of my medication use and how well the medication is working.
- K. X My provider may not be able to renew my prescription if I do not bring required information and all unused opioid pain medications to each provider visit.

- L. X I will not receive medications for my pain (such as opioid pain medications, sleeping pills, tranquilizers, stimulants, and illicit drugs) from anyone other than my regular provider or my provider's partners. If I have an emergency that requires more pain medication, I will call my provider's office first unless an emergency makes me to go straight to the emergency room. If this happens, I will tell the provider in the emergency room or hospital about my special arrangement for use of opioid pain medications. After the emergency is over I will tell my provider that I got pain medication from another provider.
- M. X I will go to pain education classes. These classes will include information on how to measure my pain as well as non-drug pain control techniques. I must go to all of these pain education classes within 9 weeks after the start of treatment in order to continue to get my opioid pain medications.
- N. X I will work with my provider and case manager in making a care plan at the end of the pain education classes. I will try very hard to meet the goals we set. I understand that the care plan will be reviewed and changed every 3 months and I will continue to work hard to meet the goals. I know I must be active in trying to meet these goals in order to keep getting my opioid pain medications.
- O. X I will allow my provider to receive information from any other health care provider or pharmacist to evaluate for possible misuse or abuse of alcohol or other drugs. The aforementioned permission shall expire only upon written cancellation of this agreement.
- P. X I will have all my opioid pain medications filled at the ANMC Pharmacy. I give my provider permission to contact all other pharmacies and physicians to request that they not provide me with any addictive opioid pain medications. This permission shall expire only upon written cancellation of this agreement.
- Q. X I understand that if my opioid pain medications are lost, stolen, or destroyed, they will not be replaced until my next scheduled refill date.
- R. X I understand if I chose to change my primary care provider, my medical care will be changed to the new primary care provider during a visit that includes myself, the new primary care provider and the primary care provider I am transferring from.
- S. X I understand that my provider may slowly take me off opioid pain medications if my provider believes that the opioid pain medications are harming me or not helping me.
- T. \_\_\_\_\_ I understand that if I do not follow this pain medication agreement my provider will continue to provide my healthcare, but, my provider may choose to slowly take me off my opioid pain medications. Opioid pain medications may not be part of my treatment plan and I may be designated as Maintenance Opioid Ineligible in which case no ANMC provider will prescribe maintenance opioid medications to me.

U. \_\_\_\_\_ **FOR WOMEN:** I will do everything I can do to avoid getting pregnant while I take these opioid pain medications. To the best of my knowledge I am not pregnant now.

Todd A. Allen, has voluntarily entered into this agreement for long-term pain management.

Todd Allen      1-11-05  
 1. Patient signature      3. Date      6. Provider Signature      Date

For provider:

2. Patient signed agreement	Yes, patient signed .....	1
	Patient refused to sign.....	2
	Other .....	3
4. Renewal date		
5. Patient given copy of contract	Yes	
	No	

Last revised 8/05/02

ANMC Chronic Pain Program  
Patient Initial Assessment

Item	Question	Response
1	What is your name?	Name <u>Todd Allen</u>
2	What is your Medical Record Number?	Record # <u>3-30-47</u>
3	What is the best phone number to reach you at?	Phone <u>337-8891</u>
4	What is an emergency phone number to reach you at?	Emergency Phone <u>263-8340</u>
5	What is your work telephone number?	Work Phone <u>834-6913</u>
6	What is your birth date?	<u>3 / 30 / 67</u> date month year
7	How old are you?	Age in years <u>35 yrs. 9 mo</u>
8	Marital Status	Single.....1 Married..... <u>(2)</u> Divorced.....3 Widowed.....4 Domestic Partner.....5
9	Who is your primary support person? * Make sure this person is identified and a signed release has been obtained to contact this person on the "General Chronic Pain Agreement"	Name
10	What is the telephone number for your primary support person?	Phone
11	Who is your primary care provider?	Provider - <u>Maria Freeman</u>
12	Who is your case manager?	Case Manager <u>Sarah Carter</u>
13	What is the most recent Prime MD Score? (retrieve from the Health Summary)	Score:
14	Date of most recent Prime MD score? (retrieve from the Health Summary)	Date:
15a	Location of Pain: On Figure 1, please shade the area(s) where the patient feels pain. Mark an "X" in the areas that hurt the most.  Provider: Please identify each separate pain complaint with letters (e.g., A, B, C...), in order from greatest to least, for later reference.	Location A: <u>Right side head</u> <u>Jaw joint area/in</u> <u>side ear area due to</u> <u>T.M.J. pain broken jaw</u>

Patient Initial Pain Assessment 1

Allen (ANMC) - 18



Last revised 8/05/02

15b	Location of Pain (see Diagram 1)	Location B: <u>left side head</u> <u>Jaw joint area</u>
15c	Location of Pain (see Diagram 1)	Location C: <u>Right side head ear area</u>
15d	Location of Pain (see Diagram 1)	Location D: <u>left side head-ear area</u>
16	PIA Date (Today's Date)	
For questions 16a through 16e, the patient rates the pain using either 0-10 numeric scale (where 0 = no pain or 10 = worst imaginable pain), or FACES Pain Scale. Please note which is used. Use FACES with children, non-English speaking or cognitively impaired individuals.		
16a	Pain as it is right now	Rating (0 to 10) ..... <u>5</u>
16b	Pain at its worst	Rating (0 to 10) ..... <u>10</u>
16c	Pain at its best	Rating (0 to 10) ..... <u>2</u>
16d	Pain on average during the last month	Rating (0 to 10) ..... <u>6</u>
16e	Most acceptable level of pain	Rating (0 to 10) ..... <u>6</u>
17	Frequency of pain flares during the last month	# flares in past month <u>Est 16</u>
18	Duration of pain flares during the last month <u>1-2 hrs. to 2-3 days</u>	Duration of flares in past month <u>2-hrs to 2-3 days</u>
Overall, what is your pain like? You can use your own words, or the following words:		Word Descriptors:
19a	<u>Aching</u> <u>Sharp</u> Penetrating	19a _____
19b	<u>Throbbing</u> <u>Tender</u> Nagging	19b _____
19c	<u>Shooting</u> Burning Numb	19c _____
19d	Stabbing Exhausting <u>Miserable</u>	19d _____
	<u>Gnawing</u> Tiring <u>Unbearable</u>	
	Intermittent Continuous	
20	What sorts of things make your pain feel better, or relieves the pain (for example: heat, rest, medicine)?	List: <u>heat, rest, medication</u> <u>Laying on my back not my sides</u>

Patient Initial Pain Assessment 2

Allen (ANMC) - 19

Last revised 8/05/02

21	What sorts of things make your pain feel worse, or increases your pain (for example: walking, standing, lifting)?	List: long days of laboring work. <del>cold</del> cold-freezing-weather, traveling through mts.
22	When and how did your pain problem start (onset and duration)? Broken Jaw From an Auto/pedestrian incident,	Hx of pain:
23	As far as you know, what is the cause of your pain (i.e., the diagnosis)? T.M.J.	Cause of pain: Broken Jaw, <del>TMJ</del>
24	Do you notice variations and rhythms in the pattern of your pain?	Variations and Rhythms in pain:
25	In regards to your pain, what providers (anywhere) have you seen? When did you see them? What did they do? (For example: Doctor did physical exam, ordered tests, prescribed medication)	Names of providers seen: Dr. Todd-Valdez AK Ph# 835-4811 -last visit NOV. 2004? Est.
25b1	Previous Primary Care Provider 1	
25b2	Date of change	
25c1	Previous Primary Care Provider 2	
25c2	Date of change	
25d1	Previous Primary Care Provider 3	
25d2	Date of change	
26	What tests and studies have been done in regards to your pain (e.g., MRI, CT-Scan, X-Rays)? All. Reconstructive Surgery R. side mandible	Tests and studies done:
27	What clinics have you been to other than Family Medicine at ANMC in order to address your pain? Valdez medical clinic Valdez, AK Ph. (907) 835-4811	Orthopedics.....1 Neurology.....2 ADATT.....3 Mental Health.....4 Physical Therapy.....5 Women's Health Clinic.....6 Internal Medicine.....7 Complementary Medicine.....8 Traditional Healing Program.....9 Other (List.....).....10

Patient Initial Pain Assessment 3

Allen (ANMC) - 20

ALLEN-329

Last revised 8/05/02

28a1	What medications have you taken in the past for your pain? <u>Been the same</u>	28a1 Medication <u>Perlocet</u>
28b1	How effective has the medication been?	28b1 Effectiveness <u>7-8</u> (0=not effective; 10=extremely effective)
28c1	Comments: If prescribed outside of ANMC, please note the prescriber's name. <u>Dr. Todd UMC, 835481</u>	

28a2	What other pain medications have you taken in the past? <u>Valium</u>	28a2 Medication <u>Valium</u>
28b2	How effective has the medication been?	28b2 Effectiveness <u>7-8</u> (0=not effective; 10=extremely effective)
28c2	Comments: If prescribed outside of ANMC, please note the prescriber's name.	

28a3	What other pain medications have you taken in the past?	28a3 Medication _____
28b3	How effective has the medication been?	28b3 Effectiveness _____ (0=not effective; 10=extremely effective)
28c3	Comments: If prescribed outside of ANMC, please note the prescriber's name.	

Patient Initial Pain Assessment 4

Allen (ANMC) - 21

Last revised 8/05/02

28a4	What other pain medications have you taken in the past?	28a4 Medication _____
28b4	How effective has the medication been?	28b4 Effectiveness _____ (0=not effective; 10=extremely effective)
28c4	Comments: If prescribed outside of ANMC, please note the prescriber's name.	
28a5	Please list any over-the-counter medications you are currently taking.	28a5 List: <i>advil motrin</i>
29a to 29r	Whether here at ANMC or in the community, what non-drug treatments have you received for your pain, and how effective have they been?	<p>Technique and Effectiveness Please rate on a scale of 0 - 10 (0 = not effective; 10 = extremely effective)</p> <p>29a Biofeedback..... 1 _____</p> <p>29b Exercise..... 2 _____</p> <p>29c Group Thx..... 3 _____</p> <p>29d Distraction..... 4 _____</p> <p>29e Tens Unit..... 5 _____</p> <p>29f Bedrest..... 6 _____</p> <p>29g Healing Hands..... 7 _____</p> <p>29h Poking..... 8 _____</p> <p>29i Blessings..... 9 _____</p> <p>29j Imagination..... 10 _____</p> <p>29k Psychotherapy... 11 _____</p> <p>29l Heat/Cold..... 12 _____</p> <p>29m Massage/Rubbing 13 _____</p> <p>29n Dancing..... 14 _____</p> <p>29o Cleansing..... 15 _____</p> <p>20p Dream..... 16 _____</p> <p>20q Plant Medicine... 17 _____</p> <p>29r Food Ceremony... 18 _____</p>

Patient Initial Pain Assessment 5

Allen (ANMC) - 22

Last revised 8/05/02

	For the following questions (30a to 30t) please indicate how your pain has interfered with your daily functioning on a scale of 0 - 10 (0 = does not interfere; 10 = completely interferes)	(0 = does not interfere; 10 = completely interferes)
30a.	Daily functioning	Rating (0 to 10) ..... <u>2</u>
30b	Quality of life	Rating (0 to 10) ..... <u>5</u>
30c	Enjoyment of life	Rating (0 to 10) ..... <u>5</u>
30d	General activity	Rating (0 to 10) ..... <u>1</u>
30e	Walking ability	Rating (0 to 10) ..... <u>0</u>
30f	Normal work routine	Rating (0 to 10) ..... <u>2</u>
30g	Stomach	Rating (0 to 10) ..... <u>0</u>
30h	Sleep	Rating (0 to 10) ..... <u>2</u>
30i	Appetite	Rating (0 to 10) ..... <u>2</u>
30j	Elimination (urination or bowel movements)	Rating (0 to 10) ..... <u>0</u>
30k	Breathing	Rating (0 to 10) ..... <u>0</u>
30l	Skin	Rating (0 to 10) ..... <u>0</u>
30m	Mood	Rating (0 to 10) ..... <u>2</u>
30n	Relations with people	Rating (0 to 10) ..... <u>5</u>
30o	Ability to concentrate	Rating (0 to 10) ..... <u>2</u>
30p	Hygiene	Rating (0 to 10) ..... <u>0</u>
30q	Sexual functioning	Rating (0 to 10) ..... <u>5</u>
30r	Physical appearance	Rating (0 to 10) ..... <u>3</u>
30s	Energy level	Rating (0 to 10) ..... <u>2</u>
30t	Other	Rating (0 to 10) ..... <u>      </u>
31a	<b>Economic Issues</b> Please rate your overall concern regarding economic issues, such as housing, food, transportation, clothing, childcare, medical bills, prescriptions, insurance, etc. <u>Provider's Comments:</u>	(0 = no concern; 10 = greatest concern)  Rating (0 to 10) ..... <u>2</u>
31b	<b>Emotional Issues</b> Please rate your overall level of concern regarding emotional issues, such as depression, frustration, anger, anxiety, panic attacks, mood swings, loss of motivation, difficulty concentrating, psychotic, suicidal, fearful of medical procedures. <u>Provider's comments:</u>	(0 = no concern; 10 = greatest concern)  Rating (0 to 10) ..... <u>0</u>

Patient Initial Pain Assessment 6

Allen (ANMC) - 23

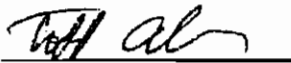


ALLEN-332

Last revised 8/05/02

31c	<b>Social Support</b> Please rate your overall concern regarding social support issues, such as availability of support, communication with medical team, recent loss, role changes. <u>Provider's Comments:</u>	(0 = no concern; 10 = greatest concern) Rating (0 to 10) ..... <u>7</u>
31d	<b>Coping and Pain Management</b> Please rate your overall level of concern regarding your ability to cope or manage your pain, such as distraction, search for meaning, previous stress such as abuse having direct impact on current situation, counseling, medications, chemicals. <u>Provider's Comments:</u>	(0 = no concern; 10 = greatest concern) Rating (0 to 10) ..... <u>2</u>

Patient's Signature



Date

1-16-03

Case Manager Signature

\_\_\_\_\_

Date

\_\_\_\_\_

Provider's Signature

\_\_\_\_\_

Date

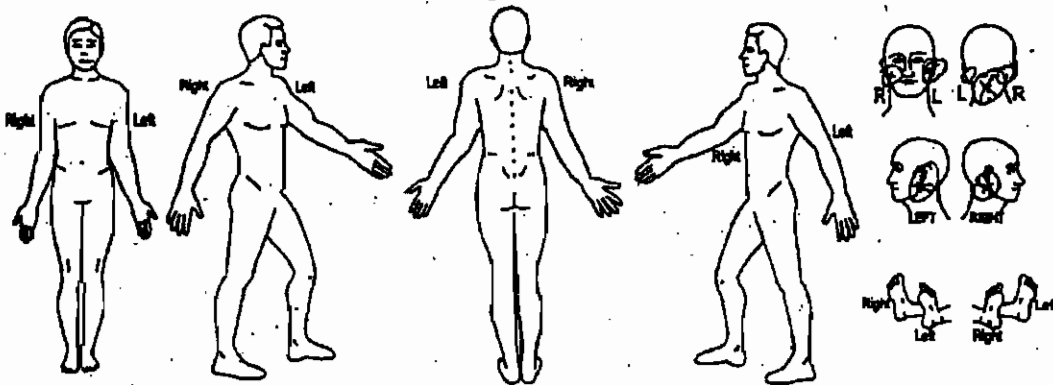
\_\_\_\_\_

Patient Initial Pain Assessment 7

Allen (ANMC) - 24

Last revised 8/05/02

Figure 1.



Patient Initial Pain Assessment 8

Allen (ANMC) - 25

ALLEN-334

INFLUENZA 01-Nov-2000  
2-MEP B 13-May-1998

**Allergies**  
**ASA ALLERGY**

**ANMC – Family Medicine Clinic (28T)**  
**Case Manager: Provider: BARBARA K KOUTSELA**

337-8895

Name of Caller/Phone #

**PCP:**

Freeman

APIL	Discipline	Initials/Code
1	01	BKK

PATIENT EDUCATION	
	CA Prevention
	DM Diet
	DM Foot Care
	Drug w/ETOH
	Exercise
	Nutrition

BP	Pulse	Weight	Pain p-m	Pain Contract	Prone MO
----	-------	--------	----------	---------------	----------

☐ Med. Ref. ☐ Test Result ☐ Other ...

3<sup>17</sup><sub>pm</sub> - 1<sup>st</sup> from pt's would info on chronic pain program,  
4<sup>43</sup><sub>pm</sub> - 1<sup>st</sup> to pt's - left message that I was returning his  
call.

**Continued on Back**

[illegible]

Avrit pt. response

1, 2, 3, 4 = Primary Diagnosis      P = Pharmacy Diagnosis      L = Laboratory Diagnosis      R = Radiology Diagnosis      \* = Primary Diagnosis & Test

[illegible]

ORIGINAL

**Action:** Can = Cancel    Ref = Reply

### Additional Exams, Treatments, Procedures, Tests, Labs, X-rays

Plans, instructions, appointments, and referrals

B. Kuntze (Bn.)

\_\_\_\_\_  
**Provider Signature**

**ALLEN, TODD ANDREW**

25362

DOB: MAR 30, 1967

**HS Eligibility:** CHS & DIRECT

## CONTINUING ANCHORAGE

SSN: 574 48 4274

35 m/mole

JAN 13 2003 015:47

AK LABORERS WELFARE & PENSION (57448)

Allen (ANMC) - 12

ALLEN-335

INFLUENZA 01-Nov-2000  
2-HEP B 12-May-1998

**Allergies**  
**ASA ALLERGY**

**ANMC - Family Medicine Clinic (28T)**  
**Case Manager: Provider: SARAH M CARTER**

Att.	Discipline	Initials/Code
3	01	S.M.C.

Name of Caller/Phone #

POB: Freeman

BP	Pulse	Weight	Pain p-r	Pain Const	Prims MD
----	-------	--------	----------	------------	----------

PATIENT EDUCATION	
	CA Prevention
	DM Diet
	DM Foot Care
	Drugs/ETOH
	Exercise
	Nutrition

☐ Med. Refill    ☐ Test Result    ☐ Other

pt's wife dropped off pain contract and says pt requests a med refill - smk

p.c. to wife to let her know Rx in pharmacy. Some

**Q Continued on Back**

[illegible]

1, 2, 3, 4 = Primary Diagnosis      P = Pharmacy Diagnosis      L = Laboratory Diagnosis      R = Radiology Diagnosis      \* = Primary Diagnosis & Test

[illegible]

**Actions:** Can = Cancel Ref = Refill

Additional Exams, Treatments, Procedures, Tests, Labs, X-rays

Plans, instructions, appointments, and referrals

ALLEN, TODD ANDREW  
25362  
DOB: MAR 30, 1957

DHS Eligibility: DHS & DIRECT  
 Community: ANCHORAGE  
 SSN: 574 48 4274

35 y/o male  
JAN 15 2003 08:29  
AK LABORERS WELFARE & PENSION (574-48

**Provider Signature**

Joseph Carter

Allen (ANMC) - 11

ALLEN-336

INFLUENZA D1-Nov-2000  
2-HEP B 13-May-1998  
BLOOD PRESSURE Last: 07/17/02  
07/18/04

HEIGHT MAY BE DUE NOW  
WEIGHT Last: 07/17/02 07/17/03  
SCREEN FOR ALCOHOL USE MAY BE  
DUE NOW  
SCREEN FOR TOBACCO USE Last:  
04/20/01 MAY BE DUE NOW (WAS DUE  
04/20/02)  
PRIME MD SCORE Last: 02/13/01 MAY  
BE DUE NOW (WAS DUE 02/13/02)

Allergies  
ASA ALLERGY

Contact Number:

Home Phone: (907)337-8895

	Now	Never	Past	Consistent
DV				
Tobacco				
ETOH				

PCP: MARIA L MD FREEMAN

Temp	Pulse	Resp	BP	Weight	Height	Pain	Pk Flow	O2 Sat	Glucose	Vision	Q Cor	Q Uncor	Prime MD
97.7	104		119/68	177		78							

S. P. K. wa 35 yo m h/o jaw reconstruction (trauma 11/99) Dr. Edwards

T pain in (R) jaw 4-5 days ago.

#1 bilateral ear pain - sharp

HA and tender scalp & temporal areas.

#2 c/o ↓ libido  
and ED x 1 year

Physical	
HEENT	
Chest	
CV	
Breast	
Abd	
GU	
PSYCH	
RACIAL	
Extremities	
Neuro	
Skull	

V. Smith: 35 yo m & NAD.

Ears: TM's clear

Jaw: tenderness to palp

#1 Jaw reconstruction (11/99)  
2nd h/ MUA  
#2 T jaw pain

P. #1 x-rays of TMJ  
h/o (R) TMJ  
Reconstruction 5/00  
Now has ↑ pain

Follow-up plans, instructions, appointments  
and referrals:

#1 Referred to ENT

for eval of

R jaw pain

#2 Testosterone level

☐ Continued on next page

MSA#

Signature(s):

M. Freeman

00285

Provider: MARIA L MD FREEMAN

Active Medications and New Prescriptions	DATE	REF
WANTHUS 500 COXICOONE 5MG/ACETAMINOPHEN 325MG T11 PO BID PFP (0 refills left)		
DIABETAM 500MG TAB 500 T11 PO QID PFP (0 refills left)		
C R: OCT 10 2002 PAROXETINE 40MG TAB #15 T/T (20MG) PO QD (0 refills left)		
C R		
C R		
C R		
C R		
C R		
C R		
C R		
C R		
C R		

ORIGINAL

ALLEN, TODD ANDREW

MS Eligibility: CHS &amp; DIRECT

35 y/o male

33362

Community: ANCHORAGE

JAN 23 2003 @ 16:41

MAR 30 1967

SSN: 574 48 4274

AK LABORERS WELFARE &amp; PENSION

ANMC - Family Medicine Clinic

JAN 23 2003 4:30 FMC (FREEMAN) (15 min)

Allen (ANMC) - 32



ALLEN-337

\*\*\* ALASKA NATIVE MEDICAL CENTER - RADIOLOGY DEPARTMENT \*\*\*

Name: ALLEN, TODD ANDREW  
Chart#: 35362

DOB: 03-30-67 (36 yrs)  
Sex: MALE

Date of exam : JAN 23, 2003 17:30  
Category : OUTPATIENT  
Requesting Loc: 28 FMC  
Updated Pt Loc: 28 FMC

Case#: 012303-868

Req Provider: FREEMAN, MARIA L. MD  
Entered request: SALA-MANU, MITAI S, CMA  
Primary Tech: LANE, CHARLES A  
Radiologist: KWOK, ROBERT J. MD  
Verifier: KWOK, ROBERT J. MD

Procedure: TM JOINT UNILAT O&C MOUTH

Exam Modifiers : RIGHT

Clinical History:  
PAIN

Report: Status: VERIFIED  
DD 01/27/2003, DT 01/27/2003  
01/23/2003 TEMPOROMANDIBULAR JOINT SERIES, ON THE RIGHT SIDE:

The examination is difficult to evaluate.

The study is suboptimum. Suggest MRI of the temporomandibular joint for further evaluate.

Impression:  
SUBOPTIMUM STUDY AND THE TEMPOROMANDIBULAR JOINT IS DIFFICULT TO EVALUATE.  
SUGGEST MRI.

Films were read by KWOK, ROBERT J. MD., RADIOLOGIST  
Electronically signed by KWOK, ROBERT J. MD., RADIOLOGIST

/CMG

ate printed: JUN 26, 2003 11:45

Page 1

Allen (ANMC) - 40

ALLEN-338

P = Pharmacy Diagnosis  
L = Laboratory Diagnosis  
R = Radiology Diagnosis

ANMC - Family Medicine Clinic JAN 23, 2003@16:41  
Provider: MARIA L. MD FREEMAN

P	L	R	V14.5	ASA ALLERGY
				POVS
			V44.81	REFERRAL NO EXAM/TREAT
			V44.2	NO PROCPATIENT DECISI
			V44.39	ALL NEW PRESCRIPTION
			V36.9	GENERAL SYMPTOMS REC
			V36.9	JAW DISEASE NOS
			V24.61	ADHESIONS AND ANKYLOSI
			V42.9	ADMINISTRATIVE ENCOUNTH
			V72.06	CONJUNCTIVITIS
			V70.52	INSOMNIA
			V30.3	STRESS
			V44.8	MUSCULOSKELETAL STRAIN
			V70.59	CHESTWALL TENDERNESS D
			V72.2	CONTRACT DENTUORAL H
			V70.58	JAW PAIN
			V72.5	RADIOLOGICAL EXAM NBC
			V99.9	DNKA
			V68.1	NEO REPHILL
			V70.49	CHRONIC JAW PAIN

A	Dr	Additional Diagnosis
	P L R	
	P L R	
	P L R	
	P L R	

E&M CODES	New	Established
Problem Focused: 99201-99212	06000234	0600068
Expanded Problem Focused: 99207-99213	06000315	0600098
Detailed History and Physical: 99203-99214	06000493	0600106
Comprehensive History and Physical: 99204-99215	0600056	0600146
Comprehensive History and Physical: 99205-99215	0600064	0600114
On Provider Visit: 99211-99212	0600072	0600122
E&M Coding	0600074	0600124

EXAMS	
CBE	
DM Foot Exam	
PAP	
Prostate Exam	
Rectal	

IMMUNIZATIONS	V Code
Administration - Single	0600528
Administration - Each add'l	0600536
Convax - Pedvax Hib	V03.81 0600593
- Hep B ped/adol.	V05.3 0601302
Dtap	V06.1 0600551
Flu	V04.8 0600569
Hep A ped/adol.	V05.3 0601278
Hep B Adult	V05.3 0600585
Hep B ped/adol.	V05.3 0601302
IPV	V04.0 0600601
MMR	V06.4 0600619
Pedvax Hib	V03.81 0600593
PneumoVax	V03.82 0600627
PPD	V74.1 0601534
Prevnar	V03.82 0600635
Td	V06.5 0600643
Varicella	V05.4 0600650

PATIENT EDUCATION	ICD-9	Init.
CA Prevention		
DM Diet		
DM Foot Care		
Drugs / ETOH		
Exercise		
Injury Prevention		
Nutrition		
Tobacco		

P	L	R	V14.5	ASA ALLERGY
				POVS
			V44.81	REFERRAL NO EXAM/TREAT
			V44.2	NO PROCPATIENT DECISI
			V44.39	ALL NEW PRESCRIPTION
			V36.9	GENERAL SYMPTOMS REC
			V36.9	JAW DISEASE NOS
			V24.61	ADHESIONS AND ANKYLOSI
			V42.9	ADMINISTRATIVE ENCOUNTH
			V72.06	CONJUNCTIVITIS
			V70.52	INSOMNIA
			V30.3	STRESS
			V44.8	MUSCULOSKELETAL STRAIN
			V70.59	CHESTWALL TENDERNESS D
			V72.2	CONTRACT DENTUORAL H
			V70.58	JAW PAIN
			V72.5	RADIOLOGICAL EXAM NBC
			V99.9	DNKA
			V68.1	NEO REPHILL
			V70.49	CHRONIC JAW PAIN

PREVENTIVE MEDICINE SERVICES	New	Established
Infant (under age 1 year)	0600171	0600247
Early childhood (1-4 years)	0600189	0600254
Late childhood (5-11 years)	0600197	0600282
Adolescent (12-17 years)	0600205	0600270
18-39 years	0600213	0600288
40-64 years	0600221	0600296
65 years and older	0600239	0600304

PROCEDURES/TREATMENTS	
Acupuncture	0600668
Anoscopy	0600676
Biopsy of Skin - single	0600684
Biopsy of Skin - each additional	0604694
Blood Draw	0602383
Colpos with Bx	0600700
Colposcopy	0600718
Cryocautery, cervix	0601740
Cryotherapy, acne	0600726
Cryotherapy, warts	0601969
Destruction of Lesion - single	0600734
Destruction of Lesion - 2nd to 14 lesions	0604827
EKG	0601997
EMB	0600742
Flex Sig	0600767
Flex Sig with Bx	0600791
I&O Abscess	0600809
IUD Insertion	0600825
IUD Removal	0600833
Nail Removal (wedge excision of skin)	0600841
Nail Removal (excision of nail & matrix)	0600858
Nebulizer Treatment	0600866
Paring/Curettage of skin lesion (2-4)	0600874
Paring/Curettage of skin lesion (4+)	0600882
Pulse Oximetry, single	0600890
Shave Bx - trunk, arms, legs	0600908
Skin Tag Removal	0600916
Steroid Injection Joint/Bursa - small	0600817
Steroid Injection Joint/Bursa - int.	0600924
Steroid Injection Joint/Bursa - major	0600932
Trigger Point Injection	0604819
Tympanometry	0600957
Vasectomy	0604548

Preventive Medicine, Individual Counseling	Code
Approximately 15 minutes	0600437
Approximately 30 minutes	0600445
Approximately 45 minutes	0600312
Approximately 60 minutes	0600320

POINT OF CARE TESTING	
Finger Stick Glucose	0600973
Hemacult Stool	0600981
Hemoglobin	0600999
Urine Dip w/o Micro	0601653
Urine HCG	0601013
Wet Mount	0604835

SUPPLIES, OT	
Ace Wrap	0601039
Air Cast	0601047
Arm Sling	0601054
Crutches	0601062
Finger Splint	0601096
Knee Sleeve	0601070
Wrist Splint	0601088

INJECTIONS	
Injection IM - antibiotic	0601161
Injection IM/SC	0601179
Albuterol, .083% per ml	0604850
B12	0601120
Bicillin, 600,000 u	0601138
Bicillin, 1.2 mu	0601146
Ceftriaxone, (Rocephin) 250 mg.	0601153
Ceftriaxone, (Rocephin) 500 mg.	0602391
Ketorolac, 60 mg.	0601187
Lumef	0604868
Medroxyprogesterone, 150 mg.	0601185
Meperidine/Promethazine, 50 mg.	0601203
Promethazine, 50 mg.	0601211
Sumatriptan, 5 mg. IM	0601229
Testosterone (dose dependent)	

ALLEN, TCOO ANDREW

J5382

DATE: MAR 31, 1987

ANMC0000000182

HIS Signature, Date &amp; Office

Community: ANCHORAGE

FAX: 574 48 4274

JAN 23, 2003

JAN 23, 2003@16:41

AK1ANCHORAGEWIFI FARE &amp; PENSUM

041

ALLEN-339

INFLUENZA 01-Nov-2000  
 3-HEP B 13-May-1998  
 BLOOD PRESSURE Last: 07/17/02  
 07/18/04

HEIGHT MAY BE DUE NOW  
 WEIGHT Last: 07/17/02 07/17/03  
 SCREEN FOR ALCOHOL USE MAY BE  
 DUE NOW  
 SCREEN FOR TOBACCO USE Last:  
 04/20/01 MAY BE DUE NOW (WAS DUE  
 04/20/02)  
 PRIME MD SCORE Last: 02/13/01 MAY  
 BE DUE NOW (WAS DUE 02/13/02)

## Chief Complaint &amp; Visit Plan

Allergies  
 ASA ALLERGY

Contact Number: \_\_\_\_\_

Home Phone: (907) 337-8895

	Now	Never	Past	Consistent
DV				
Tobacco				
ETOH				

PCP: MARIA L. MD FREEMAN

Temp	Pulse	Resp	BP	Weight	Height	Pain p-r	Pt Flow	CO Sat	Glucose	Vision	Corr	Uncorr	Prime MD

Testosterone

Physical	
HEENT	
Chest	
CV	
Breast	
Abd	
GU	
Genit	
Rectal	
Ext	
Neuro	
Skin	

Referring Facility	
S	P
LC	SA
TA	LMP

Chief Complaint	History of Present Illness	Physical Examination	Diagnostic Studies	Assessment	Plan

Visit	Active Medications with New Prescriptions	DEAR
C.R.	JAN 15 2003 OXYCODONE 5MG TAB 960 300 PO Q8H PRN (IN ADDITION TO 300 mg daily)	
C.R.	JAN 15 2003 IBUPROFEN 600MG TAB 1000 TID PO PRN (IN ADDITION TO 300 mg daily)	
C.R.	JAN 15 2003 OXYCODONE 5MG ACETAMINOPHEN 32 960 TID PO BID PFP (0 refills left)	
C.R.	JAN 15 2003 DIAZEPAM 5MG TAB 1000 TID PO Q8H PRN (0 refills left)	
C.R.		
C.R.		
C.R.		
C.R.		
C.R.		
C.R.		
C.R.		
C.R.		
C.R.		

Follow-up plans, instructions, appointments and referrals:

MS# \_\_\_\_\_ Signature(s) \_\_\_\_\_  
 33306 Marked Allen

Provider: TRIBAL REGISTERED NURSE

ALLEN, TODD ANDREW  
 33382  
 DOR: MAR 20, 1967

Community: ANCHORAGE  
 SSN: 574 48 4274

PHS Eligibility: CHS &amp; DIRECT

35 y/o male

JAN 24, 2003 @ 15:54

AK LABORERS-WELFARE &amp; PENSION

ANMC - Family Medicine Clinic

JAN 24, 2003 3:45 PM (EAST-NURSE CLINIC) [15 min]

Allen (ANMC) - 9



ALLEN-340

P = Pharmacy Diagnosis  
L = Laboratory Diagnosis  
R = Radiology Diagnosis

ANMC - Family Medicine Clinic JAN 24, 2003 @ 15:54  
Provider: TRIBAL REGISTERED NURSE

ICD9	ICD9 Pick List	A	ICD9	ICD9 Pick List	A	
P L R V14.6	ASA ALLERGY		P L R 729.9	ABD Pain	P L R 272.4	Hypertension
P L R V68.81	REFERRAL NO EXAM/TREAT		P L R 303.90	Alcohol dep unspec	P L R 1401.3	Hypertension, benign
P L R V64.2	NO PROCPATIENT DECISI		P L R 303.91	Alcohol dep continuous	P L R 1401.8	Hypertension, malignant
P L R V64.89	FILL NEW PRESCRIPTION		P L R 477.9	Allergic rhinitis	P L R 1278.80	Obesity
P L R 780.9	GENERAL SYMPTOMS NEC		P L R 280.9	Anemia, iron deficiency	P L R 1278.81	Obesity, morbid
P L R 528.9	JAW DISEASE NOS		P L R 285.9	Anemia, other unspc	P L R 381.00	OM, nonsuppurative
P L R 524.81	ADHESIONS AND ANKYLOSIS		P L R 300.00	Anxiety	P L R 1382.01	OM, supp w/ drugg resist
P L R 198.9	ADMINISTRATIVE ENCOUNTR		P L R 493.82	Asthma ext w acute exacerba	P L R 1382.00	OM, supp w/o drugg resist
P L R 172.00	CONJUNCTIVITIS		P L R 493.12	Asthma int w acute exacerba	P L R 1724.3	Pain, back
P L R 178.31	INSOMNIA		P L R 493.90	Asthma w/o status asthmatic	P L R 719.1	Pain, joint
P L R 308.3	STRESS		P L R 466.9	Bronchitis, Acute	P L R 1724.2	Pain, low back
P L R 848.3	MUSCULOSKELETAL STRAIN		P L R 491.9	Bronchitis, Chronic	P L R 719.41	Pain, shoulder
P L R 788.36	CHESTWALL TENDERNESS D		P L R 682.6	Cellulitis, Leg	P L R 462.	Pharyngitis
P L R 172.2	CONTRACT DENTAL/JORAL W		P L R 414.00	CAO	P L R 484.	Pneumonia, org unspecified
P L R 719.48	JAW PAIN		P L R 785.3	Chest pain	P L R 809.0	Prostate, hyperplasia
P L R 172.3	RADIOLOGICAL EXAM NEC		P L R 343.90	Convulsions, Epilepsy	P L R 714.9	Rheumatoid arthritis
P L R 309.9	DMKA		P L R 486.	COPO	P L R 285.86	Schizophrenia
P L R 198.1	MED REFILL		P L R 311.	Depression	P L R 461.9	Sinusitis, Acute
P L R 719.49	CHRONIC JAW PAIN		P L R 250.98	DM Comp T-8 NIDDM	P L R 473.9	Sinusitis, Chronic

A	Dr	Additional Diagnosis
P L R		Heart Murmur
P L R		
P L R		

ICD9	ICD9 Pick List	A	ICD9	ICD9 Pick List	A
P L R 729.9	ABD Pain		P L R 272.4	Hypertension	
P L R 303.90	Alcohol dep unspec		P L R 1401.3	Hypertension, benign	
P L R 303.91	Alcohol dep continuous		P L R 1401.8	Hypertension, malignant	
P L R 477.9	Allergic rhinitis		P L R 1278.80	Obesity	
P L R 280.9	Anemia, iron deficiency		P L R 1278.81	Obesity, morbid	
P L R 285.9	Anemia, other unspc		P L R 381.00	OM, nonsuppurative	
P L R 300.00	Anxiety		P L R 1382.01	OM, supp w/ drugg resist	
P L R 493.82	Asthma ext w acute exacerba		P L R 1382.00	OM, supp w/o drugg resist	
P L R 493.12	Asthma int w acute exacerba		P L R 1724.3	Pain, back	
P L R 493.90	Asthma w/o status asthmatic		P L R 719.1	Pain, joint	
P L R 466.9	Bronchitis, Acute		P L R 1724.2	Pain, low back	
P L R 491.9	Bronchitis, Chronic		P L R 719.41	Pain, shoulder	
P L R 682.6	Cellulitis, Leg		P L R 462.	Pharyngitis	
P L R 414.00	CAO		P L R 484.	Pneumonia, org unspecified	
P L R 785.3	Chest pain		P L R 809.0	Prostate, hyperplasia	
P L R 343.90	Convulsions, Epilepsy		P L R 714.9	Rheumatoid arthritis	
P L R 486.	COPO		P L R 285.86	Schizophrenia	
P L R 311.	Depression		P L R 461.9	Sinusitis, Acute	
P L R 250.98	DM Comp T-8 NIDDM		P L R 473.9	Sinusitis, Chronic	
P L R 286.98	DM Uncomp T-8 NIDDM		P L R 305.1	Tobacco Use	
P L R 682.5	Dermatitis, contact		P L R 483.3	URI Upper respiratory infe	
P L R 680.10	Dermatitis, seborrheic		P L R 679.99	Viral syndrome, unspecified	
P L R 691.8	Eczema, atopic dermatitis		P L R 874.10	Warts, verruca vulgaris	
P L R 794.2	Elevated BP w/o hypertension				
P L R 728.1	Fibromyalgia				
P L R 551.9	Gastroenteritis				
P L R 536.01	GERD				
P L R 784.5	Headache not tension/migrai				
P L R 272.5	Hypercholesterolemia				
P L R 272.8	Hypercholesterolemia, pure				

ICD9	ICD9 Pick List	A	ICD9	ICD9 Pick List	A
P L R 729.9	ABD Pain		P L R 272.4	Hypertension	
P L R 303.90	Alcohol dep unspec		P L R 1401.3	Hypertension, benign	
P L R 303.91	Alcohol dep continuous		P L R 1401.8	Hypertension, malignant	
P L R 477.9	Allergic rhinitis		P L R 1278.80	Obesity	
P L R 280.9	Anemia, iron deficiency		P L R 1278.81	Obesity, morbid	
P L R 285.9	Anemia, other unspc		P L R 381.00	OM, nonsuppurative	
P L R 300.00	Anxiety		P L R 1382.01	OM, supp w/ drugg resist	
P L R 493.82	Asthma ext w acute exacerba		P L R 1382.00	OM, supp w/o drugg resist	
P L R 493.12	Asthma int w acute exacerba		P L R 1724.3	Pain, back	
P L R 493.90	Asthma w/o status asthmatic		P L R 719.1	Pain, joint	
P L R 466.9	Bronchitis, Acute		P L R 1724.2	Pain, low back	
P L R 491.9	Bronchitis, Chronic		P L R 719.41	Pain, shoulder	
P L R 682.6	Cellulitis, Leg		P L R 462.	Pharyngitis	
P L R 414.00	CAO		P L R 484.	Pneumonia, org unspecified	
P L R 785.3	Chest pain		P L R 809.0	Prostate, hyperplasia	
P L R 343.90	Convulsions, Epilepsy		P L R 714.9	Rheumatoid arthritis	
P L R 486.	COPO		P L R 285.86	Schizophrenia	
P L R 311.	Depression		P L R 461.9	Sinusitis, Acute	
P L R 250.98	DM Comp T-8 NIDDM		P L R 473.9	Sinusitis, Chronic	
P L R 286.98	DM Uncomp T-8 NIDDM		P L R 305.1	Tobacco Use	
P L R 682.5	Dermatitis, contact		P L R 483.3	URI Upper respiratory infe	
P L R 680.10	Dermatitis, seborrheic		P L R 679.99	Viral syndrome, unspecified	
P L R 691.8	Eczema, atopic dermatitis		P L R 874.10	Warts, verruca vulgaris	
P L R 794.2	Elevated BP w/o hypertension				
P L R 728.1	Fibromyalgia				
P L R 551.9	Gastroenteritis				
P L R 536.01	GERD				
P L R 784.5	Headache not tension/migrai				
P L R 272.5	Hypercholesterolemia				
P L R 272.8	Hypercholesterolemia, pure				

ICD9	ICD9 Pick List	A	ICD9	ICD9 Pick List	A
P L R 729.9	ABD Pain		P L R 272.4	Hypertension	
P L R 303.90	Alcohol dep unspec		P L R 1401.3	Hypertension, benign	
P L R 303.91	Alcohol dep continuous		P L R 1401.8	Hypertension, malignant	
P L R 477.9	Allergic rhinitis		P L R 1278.80	Obesity	
P L R 280.9	Anemia, iron deficiency		P L R 1278.81	Obesity, morbid	
P L R 285.9	Anemia, other unspc		P L R 381.00	OM, nonsuppurative	
P L R 300.00	Anxiety		P L R 1382.01	OM, supp w/ drugg resist	
P L R 493.82	Asthma ext w acute exacerba		P L R 1382.00	OM, supp w/o drugg resist	
P L R 493.12	Asthma int w acute exacerba		P L R 1724.3	Pain, back	
P L R 493.90	Asthma w/o status asthmatic		P L R 719.1	Pain, joint	
P L R 466.9	Bronchitis, Acute		P L R 1724.2	Pain, low back	
P L R 491.9	Bronchitis, Chronic		P L R 719.41	Pain, shoulder	
P L R 682.6	Cellulitis, Leg		P L R 462.	Pharyngitis	
P L R 414.00	CAO		P L R 484.	Pneumonia, org unspecified	
P L R 785.3	Chest pain		P L R 809.0	Prostate, hyperplasia	
P L R 343.90	Convulsions, Epilepsy		P L R 714.9	Rheumatoid arthritis	
P L R 486.	COPO		P L R 285.86	Schizophrenia	
P L R 311.	Depression		P L R 461.9	Sinusitis, Acute	
P L R 250.98	DM Comp T-8 NIDDM		P L R 473.9	Sinusitis, Chronic	
P L R 286.98	DM Uncomp T-8 NIDDM		P L R 305.1	Tobacco Use	
P L R 682.5	Dermatitis, contact		P L R 483.3	URI Upper respiratory infe	
P L R 680.10	Dermatitis, seborrheic		P L R 679.99	Viral syndrome, unspecified	
P L R 691.8	Eczema, atopic dermatitis		P L R 874.10	Warts, verruca vulgaris	
P L R 794.2	Elevated BP w/o hypertension				
P L R 728.1	Fibromyalgia				
P L R 551.9	Gastroenteritis				
P L R 536.01	GERD				
P L R 784.5	Headache not tension/migrai				
P L R 272.5	Hypercholesterolemia				
P L R 272.8	Hypercholesterolemia, pure				

ICD9	ICD9 Pick List	A	ICD9	ICD9 Pick List	A
P L R 729.9	ABD Pain		P L R 272.4	Hypertension	
P L R 303.90	Alcohol dep unspec		P L R 1401.3	Hypertension, benign	
P L R 303.91	Alcohol dep continuous		P L R 1401.8	Hypertension, malignant	
P L R 477.9	Allergic rhinitis		P L R 1278.80	Obesity	
P L R 280.9	Anemia, iron deficiency		P L R 1278.81	Obesity, morbid	
P L R 285.9	Anemia, other unspc		P L R 381.00	OM, nonsuppurative	
P L R 300.00	Anxiety		P L R 1382.01	OM, supp w/ drugg resist	
P L R 493.82	Asthma ext w acute exacerba		P L R 1382.00	OM, supp w/o drugg resist	
P L R 493.12	Asthma int w acute exacerba		P L R 1724.3	Pain, back	
P L R 493.90	Asthma w/o status asthmatic		P L R 719.1	Pain, joint	
P L R 466.9	Bronchitis, Acute		P L R 1724.2	Pain, low back	
P L R 491.9	Bronchitis, Chronic		P L R 719.41	Pain, shoulder	
P L R 682.6	Cellulitis, Leg		P L R 462.	Pharyngitis	
P L R 414.00	CAO		P L R 484.	Pneumonia, org unspecified	
P L R 785.3	Chest pain		P L R 809.0	Prostate, hyperplasia	
P L R 343.90	Convulsions, Epilepsy		P L R 714.9	Rheumatoid arthritis	
P L R 486.	COPO		P L R 285.86	Schizophrenia	
P L R 311.	Depression		P L R 461.9	Sinusitis, Acute	
P L R 250.98	DM Comp T-8 NIDDM		P L R 473.9	Sinusitis, Chronic	
P L R 286.98	DM Uncomp T-8 NIDDM		P L R 305.1	Tobacco Use	
P L R 682.5	Dermatitis, contact		P L R 483.3	URI Upper respiratory infe	
P L R 680.10	Dermatitis, seborrheic		P L R 679.99	Viral syndrome, unspecified	
P L R 691.8	Eczema, atopic dermatitis		P L R 874.10	Warts, verruca vulgaris	
P L R 794.2	Elevated BP w/o hypertension				
P L R 728.1	Fibromyalgia				
P L R 551.9	Gastroenteritis				
P L R 536.01	GERD				
P L R 784.5	Headache not tension/migrai				
P L R 272.5	Hypercholesterolemia				
P L R 272.8	Hypercholesterolemia, pure				

ALLEN, ANDREW

35382

DOB: MAR 30, 1967

ANMC0000000185

MS 2/2/2003 - MS 1/2/2003

Community: ANMC-CPAL

SSN: 574 48 4274

25 JAN 2003

JAN 24, 2003 @ 15:54

AK LABORERS WELFARE &amp; PENSION

017

Exhibit D1A  
Page 28 of 63





ALLEN-343

INFLUENZA 01-Nov-2000  
2-HEP B 13-May-1998Allergies  
ASA ALLERGY

ANMC - Family Medicine Clinic (28T)

Case Manager: Provider: LORI A GIBBONS

Becky Munson  
Name of Caller/Phone #

PCP: Freeman

Home Phone #: (907) 337-8895  
Work Phone #: (907) 334-6211

APL	Discipline	Initials/Code
7	07	LA G
3	01	SMC

X	PATIENT EDUCATION
	CA Prevention
	DM Diet
	DM Foot Care
	Drugs/ETOH
	Exercise
	Nutrition

BP	Pulse	Weight	Pain p-12	Pain Contract	Prime MD
----	-------	--------	-----------	---------------	----------

☐ Med. Refill ☐ Test Result ☐ Other

2/3/07 to 55 TC from Becky Munson at ERI.  
Becky said received referral SA was wondering if  
the referral was sent to wrong place should it go  
to oral surgeon?

Referral faxed to the oral surgeon - SMC

☐ Continued on Back

APL	Discipline	Initials/Code	Active Problems and Recent POVs	APL	Discipline	Initials/Code	Active Problems and Recent POVs	APL	Discipline	Initials/Code	Active Problems and Recent POVs
			ASA ALLERGY				ADENITIS AND AMYGDALITIS				CONTRACT DENT/ALORAL H
			POV				ADMINISTRATIVE ENCOURY H				JAW PAIN
			REFERRAL AND EXAMINAT				COLIC/CONVULS				RADIOLICAL EXAM REC
			NO PROGNATHISM DECEN				NECKPAIN				DEHA
			PILL AND PAIN/STATION				STRESS				MED REFILL
			SERIAL STUPIDITY REC				MUSCULOSKELETAL PAIN				CHRONIC JAW PAIN
			JAW DISEASE REC				CHESTWALL TENDRIBLES D				

phone call

1, 2, 3, 4 = Primary Diagnosis P = Pharmacy Diagnosis L = Laboratory Diagnosis R = Radiology Diagnosis \* = Primary Diagnosis & Test

APL	Discipline	Initials/Code	Current Medications (12 most recent)	Lab Results
D RF:			JAN 23, 2003 OXYCODONE 800 TAB 800 TIT PO QNH PRN (in addition to - 8 tabs bid)	
D RF:			JAN 23, 2003 BUPROFEN 800 TAB 800 TIT BID PO QNH PRN (8 tabs bid)	
D RF:			JAN 13, 2003 OXYCODONE 800 TAB 800 TIT PO BID PRN (8 tabs bid)	
D RF:			JAN 13, 2003 OXYCODONE 800 TAB 800 TIT PO QNH PRN (8 tabs bid)	
D RF:				
D RF:				
D RF:				
D RF:				
D RF:				
D RF:				
D RF:				
D RF:				

Additional Exams, Treatments, Procedures, Tests, Labs, X-rays

Plans, instructions, appointments, and referrals

ALLEN, TODD ANDREW

35362

DOB: MAR 30, 1967

INS Eligibility: CHS &amp; DIRECT

Community: ANCHORAGE

SSN: 574 48 4274

35 y/o male

FEB 3, 2003 @ 11:21

AK LABORERS WELFARE &amp; PENSION (574-48)

Provider Signature

Allen (ANMC) - 7

ALLEN-344

Alaska Native Medical Center  
Referral / Consultation Form

- ☐ Referral (transfer of care to specialist for stated condition)  
☐ Consultation (one time visit for opinion of specialist)

To: ☒ Clinic Name: Dental fax: 729-4354  
☐ Village or Field Clinic: \_\_\_\_\_ fax: \_\_\_\_\_  
 Requested Consultant: Dr. Deibner

2-7-03  
2/5/03

From: ☒ Clinic Name: FMC fax: 729-4387  
☐ Village or Field Clinic: \_\_\_\_\_ fax: \_\_\_\_\_  
 Requesting Provider: FREEMAN Phone/pager: 729-3331

Requesting Provider's Case Manager: SARAH CARTER Phone/pager: 729-3311

Patient's Name: Todd Allen Date of Request: 2/5/03

Age: 35 DOB or Chart Number: 35362 Phone Number: 337-2895 H

Parent / Legal Guardian (if applicable): 824-6111 W

PCP: Freeman Phone/pager: 360-2316 W

Please list the reason for the request and any specific questions or information you want addressed with this request. (e.g. provider questions, patient expectations, etc)

40 jaw pain 8-9/10, S/P closed reduction of bilateral sub condylar  
 mandible & open reduction & internal fixation of mandible symphysis

Date and time of appointment in specialty clinic: \_\_\_\_\_

Urgency:

- ☐ Same day (IF THIS IS A MEDICAL EMERGENCY, PROVIDER TO PROVIDER CONTACT IS NECESSARY)  
☒ Within 1 - 3 days  
☐ Within one week  
☐ Next available appointment  
☐ Dates in Anchorage: \_\_\_\_\_

WORKS IN VILLAGE WILL BE HOME  
 Feb 4-10  
 Feb 18-24  
 March 4-10

Please check any other information included with this referral:

☐ PCIS Form ☐ Treatment Plan ☐ Labs ☐ Progress Notes

☐ Discharge Summary ☐ Initial or Updated Intake Report

☐ Other \_\_\_\_\_ ☐ Tests Pending \_\_\_\_\_

Requesting Provider Signature: \_\_\_\_\_

011

Consulting provider to fax FCC and referral form with comments to referring provider and PCP (if applicable) within 24 hours of the patient's appointment. Thank you.

ANMC0000000189

ALLEN-345

## Alaska Native Medical Center

## Referral / Consultation Form

- ☐ Referral (transfer of care to specialist for stated condition)  
☐ Consultation (one time visit for opinion of specialist)

Clinic Name: urology fax: \_\_\_\_\_  
☐ Village or Field Clinic: \_\_\_\_\_ fax: \_\_\_\_\_  
 Requested Consultant: \_\_\_\_\_

From: \_\_\_\_\_  
☒ Clinic Name: FMC \_\_\_\_\_ fax: 725-4387  
☐ Village or Field Clinic: \_\_\_\_\_ fax: \_\_\_\_\_

Requesting Provider: FREEMAN Phone/pager: 725-3331

Requesting Provider's Case Manager: SARAH CARTER Phone/pager: 725-3311

Patient's Name: Todd Allen Date of Request: 2/5/03  
 Age: 35 DOB or Chart Number: 3523102 Phone Number: 337-8895 #  
360-2316 N

Parent / Legal Guardian (if applicable): \_\_\_\_\_  
 CP: Freeman Phone/pager: \_\_\_\_\_

Please list the reason for the request and any specific questions or information you want addressed with this request (e.g. provider questions, patient expectations, etc)

ED low testosterone level of 38.

Date and time of appointment in specialty clinic: \_\_\_\_\_

Urgency:

- ☐ Same day (IF THIS IS A MEDICAL EMERGENCY, PROVIDER TO PROVIDER CONTACT IS NECESSARY)  
☐ Within 1 - 3 days  
☒ Within one week  
☐ Next available appointment  
☐ Dates in Anchorage: \_\_\_\_\_

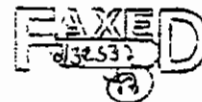
works in Valdez 1 week on + 100  
of Feb 4-10  
Feb 18-24  
March 4-10

Please check any other information included with this referral:

☐ PCIS Form ☐ Treatment Plan ☐ Labs ☐ Progress Notes

☐ Discharge Summary ☐ Initial or Updated Intake Report

☐ Other \_\_\_\_\_ ☐ Tests Pending \_\_\_\_\_



Requesting Provider Signature: \_\_\_\_\_

Consulting provider to fax FCC and referral form with comments to referring provider and PCP (if applicable) within 24 hours of the patient's appointment. Thank you.

007

ANMC0000000192

ALLEN-346

INFLUENZA B1-Nov-2000  
2-HEP B 13-May-1998Allergies  
ASA ALLERGYANMC - Family Medicine Clinic (28T)  
Case Manager: Provider: LORI A GIBBONS

Home Phone: (907)337-8885

Work Phone: (907)834-6211

Name of Caller/Phone #

PCP: MARIA L MD FREEMAN

BP	Pulse	Weight	Pain p-48	Pain Contract	Prime MD
----	-------	--------	-----------	---------------	----------

☐ Med. Refill ☐ Test Result ☐ Other

message -> H. returning call. H. says that he would like to have case manager or case management support to stop leaving him messages to call back & to instead try to get ahold of him directly

C/B to H. who wanted to know what urology would do for him. explained that his testosterone level was very low & they can help with this & pass testosterone shots to him. H. wants to know if it will help his energy. explained that I do not know that he should ask the urologist. H. will call Anna for urology. H. reviewed history of jaw pain & surgery. H. was referred to Dr. Phillips - oral surgeon. H. wanting to be referred to Prov oral surgeons that he saw before. SMC

Prov - Williams &amp; Edwards

☐ Continued on Back

P	L	R	Vital	ASA ALLERGY	P	L	R	Skin	ADHERENCE AND ANKYLON	P	L	R	Vital	CONTRACT DENTAL/DIAGN
				POH				164.0	ADMINISTRATIVE ENCOURAGE H				716.40	JAW PAIN
				REFERRAL AND EXAM/TREAT				372.00	OCULOCENTRIS				712.0	RADIOLOGICAL EXAM NEC
				JAW DISEASE HOP				700.00	BRONCHIA				700.0	DIAGN
				NO PROCPATIENT DECIDE				300.0	STROKE				700.0	JAW PAIN
				FULL NEW PROCPATIENT				300.0	MUSCULOSKELETAL STRAIN				710.0	CHRONIC JAW PAIN
				GENERAL SYMPTOMS NEC				700.0	CHESTWALL TENDRNESS D					

phone call

P = Pharmacy Diagnosis L = Laboratory Diagnosis R = Radiology Diagnosis

C	R	JAN 23, 2003	OXYCODONE 5MG TAB #60	TIT PO Q6H PRN (IN ADDITION TO - 0 refills left)
C	R	JAN 23, 2003	IBUPROFEN 800MG TAB #100	TIT TID PIM UD FPA (0 refills left)
C	R	JAN 15, 2003	OXYCODONE 5MG/ACETAMINOPHEN 32 #60	TIT PO BID PFP (0 refills left)
C	R	JAN 15, 2003	DIAZEPAM 5MG TAB #100	TIT PO Q6H PRN (0 refills left)
C	R			
C	R			
C	R			
C	R			
C	R			
C	R			
C	R			
C	R			

Action: C = Cancel R = Renew NO Refills Available for CLASS II Drugs

Additional Exams, Treatments, Procedures, Tests, Labs, X-rays

Plans, Instructions, appointments, and referrals

ALLEN, TODD ANDREW

HS Eligibility: CHS &amp; DIRECT

35 y/o male

35382

Community: ANCHORAGE

FEB 5, 2003 @ 11:01

DOB: MAR 30, 1967

SSN: 674 48 4274

AK LABORERS-WELFARE &amp; PENSION (I

Provider MS48

4274, ATTORNEYS KELLEY &amp; KELLEY (574-48-4274)

Signature(s):

Sarah Carter Kne

Allen (ANMC) - 5



ALLEN-347

Allergies  
ASA ALLERGY

Contact Number:

Home Phone: 907/337-3395

PCP: MARIA L. MD FREEMAN

Provider

Requesting Consult:

	Now	Never	Past	Consent Offered
DV				
Tobacco				
ETOH				

Temp	Pulse	Resp	BP	Weight	Height	Pain

**SURGICAL HISTORY**

DENTAL WIRING (93.35) 11/22/99 By: DEUBNER, ALAN R. Dc FX SYMPHY MANDIB 80Y-OPN  
OTHER SURGICAL EXTRACTION OF TOOTH (23.19) 11/22/99 By: DEUBNER, ALAN R. Dc BROKEN TOOTH-  
COMPLICATED  
OTHER REPAIR AND RECONSTRUCTION OF SKIN AND SUBCUTANEOUS TISSUE (86.89) 11/22/99 By:  
CLIFT, SUSAN E. Dc OPEN WOUND OF CHEEK  
LOCAL EXCISION OR DESTRUCTION OF LESION OF FACIAL BONE (86.21) 11/22/99 By: DEUBNER, ALAN R. Dc FX

Chief Complaint &amp; Visit Plan:

Physical	HEENT	Chest	CV	Gravid	Abd	Genit	Rectal	Ext	Neuro	Skin	GU	Ext. Meatus	Penis	Testes	Epididymus	Vas Deferens	Scrotum	Prostate	Sphincter Tone

Lab/Order	Initials
CBC	
PT/PTT	
BMP	
BLINCR	
Ca	
CMP	
LFTs	
PSA	8.70
Free/Total PSA	
Uric Acid	
LDH	2.1
B-HCG	
AFP	
UHFSG	6.71
PRL	
KM Testosterone	2.1
UA + Micro	
U Cult	
T & S	
T & C	
MG	
Uric Acid	
PTH	
TSH	
Phosphate	

protected EM  
FSH 8.71  
EAS 8.71

Follow-up plans, instructions, appointments and referrals:

Refill	Active Medications and New Prescriptions	DEA#
C B	JAN 23, 2003 OXYCODONE 5MG TAB #60 T1T PO Q8H PRN (IN ADDITION TO - (0 refills left)	BL7801055
C R	JAN 23, 2003 IBUPROFEN 800MG TAB #100 T1T TID P/M UD PPA (0 refills left)	
C R	JAN 15, 2003 OXYCODONE 5MG/ACETAMINOPHEN 32 #60 T1T PO QID PFP (0 refills left)	
C R	JAN 15, 2003 DIAZEPAM 5MG TAB #100 T1T PO Q8H PRN (0 refills left)	
C R		
C R		
C R		
C R		
C R		
C R		
C R		
C R		
C R		

012

Continued on next page

MS44

Signature(s):

09198

ALLEN, TODD ANDREW

BMS Eligibility: CHS &amp; DIRECT

35 yrs male

Provider: WILLIAM L. MD LISKE

2

Community: ANCHORAGE

FEB 6, 2003 @ 08:25

ANMC - Urology Clinic

MAR 20, 1987

SSN: 57-48-1071

AK CAREERS-WELFARE &amp; PENSION

Appt. QTY: FEB 6, 2003 @ 08:25

ANMC0000000194



ANMC - Urology Clinic FEB 5, 2003 @ 08:25  
 Provider: WILLIAM L. MD LUBKE

PENDING APPOINTMENTS	
FEB 6, 2003 8:30	SURGERY PROCEDURE CLINIC (30 min.)
FEB 20, 2003 2:00	UROLOGY OR LUBKE (30 min.)

Dr	Active Problems and Recent PCV
P L R	V14.8 ASA ALLERGY
P L R	POVS
P L R	V64.31 REPERAL NO EXAM/TREAT
P L R	V24.8 JAW DISEASE NOS
P L R	V64.3 NO PROSTATECTOMY DECIS
P L R	V64.3 ALL NEW PRESCRIPTION
P L R	V14.8 GENERAL SYMPTOMS NEC
P L R	V24.81 ADHESIONS AND ANKYLOSIS
P L R	V64.3 ADMINISTRATIVE ENCOUNTER
P L R	V72.49 COLIC/CRUTCHES
P L R	V72.49 RICHMOND
P L R	V64.3 STRESS
P L R	V64.3 MUSCULOSKELETAL STRAIN
P L R	V72.49 CHESTWALL TENDERNESS
P L R	V72.49 CONTRAST DENTAL/DIAGN
P L R	V72.49 JAW PAIN
P L R	V72.49 RADIOLOGICAL EXAM NEC
P L R	V64.3 ONCA
P L R	V64.3 MID REPR
P L R	V72.49 CHRONIC JAW PAIN

P Pharmacy  
 L Laboratory  
 R Radiology

Dr	ICD-9-CM	Dr	ICD-9-CM
P L R	597.1 BALANITIS	P L R	583.9 MASS, RENAL
P L R	594.0 BLADDER NECK OBSTRUCT	P L R	586.9 MASS, SCROTUM/TESTICLE
P L R	590.0 BPH	P L R	586.3 MEATAL STENOSIS
P L R	592.8 CALCULUS OF KIDNEY	P L R	586.34 NEOPLASMIC BLADDER
P L R	592.8 CALCULUS OF PROSTATE	P L R	586.00 PAIN, ABDOMINAL UNSPEC
P L R	592.1 CALCULUS OF URETER	P L R	724.2 PAIN, LOW BACK
P L R	185 CANCER OF PROSTATE	P L R	586.3 PAIN, SCROTUM/TESTICLE
P L R	186.0 CANCER OF KIDNEY	P L R	587.39 PEYRONIE'S DISEASE
P L R	186.3 CANCER OF TESTICLE	P L R	V72.34 PRE-OP EXAMINATION
P L R	722.31 CRYPTORCHIDISM	P L R	583.3 PROSTATE EXAM, ASH
P L R	722.2 CYST OF KIDNEY, ACQ	P L R	V72.44 PROSTATE SCREEN
P L R	583.1 CYSTITIS, INTERSTITIAL	P L R	601.8 PROSTATITIS, ACUTE
P L R	583.3 CYSTITIS, UNSPECIFIED	P L R	601.1 PROSTATITIS, CHRONIC
P L R	516.0 CYSTORADDER PROLAPSE	P L R	601.2 PROSTATITIS, UNSPEC
P L R	724.30 ENURESIS/INCONTINENCE	P L R	601.9 PSA, ELEVATED
P L R	604.39 EPIDIDYMITIS/ORCHITIS	P L R	605 RESIDUAL FORESKIN PHIMOSIS
P L R	724.41 FREQUENCY	P L R	V51.71 REFLEX
P L R	V18.51 HX BLADDER TUMOR, MAL	P L R	V72.20 RETENTION, URINARY
P L R	V18.52 HX KIDNEY TUMOR, MAL	P L R	V72.62 SLOW STREAM
P L R	V16.48 HX PROSTATE MALIGNANCY	P L R	608.1 SPERMATOCELE
P L R	585.7 HEMATURIA	P L R	V72.61 SPLITTING STREAM
P L R	583.9 HYDROCELE, UNSPECIFIED	P L R	V58.49 SURGERY FOLLOW-UP
P L R	591 HYDRONEPHROSIS	P L R	608.2 TORSION OF TESTIS
P L R	586.51 HYPERTONICITY OF BLADDER	P L R	V72.3 URGENCY
P L R	607.34 IMPOTENCE, ORGANIC	P L R	395.0 UTI
P L R	V72.33 INCONT, MIXED MF	P L R	V58.4 Varicocele
P L R	623.6 INCONT, STRESS FEMALES	P L R	V23.3 Vasectomy
P L R	V72.32 INCONT, STRESS MALE		
P L R	V72.31 INCONTINENCE, URG		
P L R	606.5 INFERTILITY, MALE		

Dr	Additional Diagnosis
P L R	
P L R	
P L R	
P L R	

E & M CODES	New	Established
Problem Focused	99201	99212
Expanded Problem Focused	99202	99213
Detailed	99203	99214
Comprehensive (Mod. Complex)	99204	99215
Comprehensive (High Complex)	99205	99216
Non Provider Visit	99206	99217
Post-Op Visit	99207	99218
No E & M	99208	99219
Telephone Call	99220	99221
Chart Review	99222	99223

X	PATIENT EDUCATION	GPR	Init
	Cancer Teaching		
	Catheterization / Catheter Care		
	Injections		
	Penile Injection		
	Post-op:		
	Pre-op:		
	Radiology Test Teaching		
	Urostomy / SP Tube Care		
	Wound Care		

03-53-62 M  
 ALLEN, TODD ANDREW  
 03/30/67 ANCHORAGE  
 MS44

CONSULTATION CODES	Code
Problem Focused	99241
Expanded Problem Focused	99242
Detailed	99243
Comprehensive	99244
Complex	99245

X	SUPPLIES	Dr	Code
	Latex Foley Insertion Tray		A4314
	Irrigation Tray		A4320
	Two-Way Foley Cath		A4338
	Coude Cath		A4340
	Straight Tip Cath		A4351
	Curve Tip (Coude) Cath, Stiff		A4352
	LFG Bag		A4350
	Penile Clamp		A4356

X	INJECTIONS	Code
	Injection IM - antibiotic	90783
	Injection IM/SC	90782
	Toradol, 15 mg.	J1885
	HCG 1,000 u	J0725
	Alprostadil Urethral Supo.	J0275
	Alprostadil, 1.25 mcg IV	J0270

X	PROCEDURES/TREATMENTS	Code
	Blood Draw	36415
	Bladder Scan	76753
	Bladder Instillation	51760
	Saline	J7040
	BCG	J9031
	DMSO	J1212
	Urodynamics, Simple	51725
	Urodynamics, Complex	51726
	EKG	93005
	EMG, Anal, Not Needle	51784
	Uroflow, Complex	51741
	Uroflow, Simple	51736
	Pressure Studies	61793
	Cystoscopy	52000
	Cystoscopy/Stent Removal	52310
	Dilation, Male	53600
	Subsequent Dilation	53601
	Dilation, (F&P)	53620
	Dilation, Female	53660
	Catheterization, Simple	53670
	Catheter, Complex	53675
	Collection of Urine	P9612
	Intracorporeal Injection	54235
	Vasectomy	55750
	Prostate Biopsy	55780
	Ultrasound - Guided Bx	76942
	Ultrasound Prostate	76872
	Contingent Skin Test	G0025

ALLEN, TODD ANDREW  
 25362  
 OCB: MAR 30, 1967

MS Exhibitor CHS & DIRECT  
 Community: ANCHOR  
 SSN: 574 48 4274

25 NO 7888  
 FEB 5, 2003 @ 08:25  
 AK LABORERS-WELFARE & PENSION

ANMC0000000195

013

ALLEN-349

## ANCH MED CTR CLINICAL LABORATORY REPORT

ALLEN, TODD ANDREW 06/26/2003 11:45  
 HRCN: 35362 SEX: M AGE: 36 LOC: SUR DOB: MAR 30, 1967

Provider: LUBKE, WILLIAM L. MD  
 Specimen: PLASMA  
 Accession [UID]: CH 0206 62 [1030370062]

Test name	Result	units	Ref.	range
GLUCOSE (00)	95	mg/dL	65	110
LDH (00)	149	U/L	110	295

=====

KEY: "L"=Abnormal low, "H"=Abnormal high, "\*"=Critical value

Provider: LUBKE, WILLIAM L. MD  
 Specimen: SERUM  
 Accession [UID]: SEND 03 1100 [8003001100]

Test name	Result	units	Ref.	range
TESTOSTERONE, TOTAL	308	ng/dL	241	827

Comment: Test performed at:  
 Quest Diagnostics., 1737 Airport Way So., Seattle, WA

=====

KEY: "L"=Abnormal low, "H"=Abnormal high, "\*"=Critical value

Provider: LUBKE, WILLIAM L. MD  
 Specimen: SERUM  
 Accession [UID]: SEND 03 1099 [8003001099]

Test name	Result	units	Ref.	range
Prolactin (00)	25	ng/mL		
Prolactin Interp	See Below			

Eval: REFERENCE RANGES  
 Eval: Males: 2-18  
 Eval: Females:  
 Eval: Non-pregnant 3-30  
 Eval: Postmenopausal 2-20  
 Eval: Pregnant 10-209

Comment: Test performed at:  
 Quest Diagnostics., 1737 Airport Way So., Seattle, WA

=====

KEY: "L"=Abnormal low, "H"=Abnormal high, "\*"=Critical value

Provider: LUBKE, WILLIAM L. MD  
 Specimen: SERUM  
 Accession [UID]: CH 0206 61 [1030370061]

Test name	Result	units	Ref.	range
PSA (ANMC)	0.5	ng/mL	0	4

=====

KEY: "L"=Abnormal low, "H"=Abnormal high, "\*"=Critical value

ALASKA NATIVE MED CTR 4315 Diplomacy Drive, Anchorage, AK 99508

Allen (ANMC) - 38

ALLEN-350

## ANCH MED CTR CLINICAL LABORATORY REPORT

ALLEN, TODD ANDREW 06/26/2003 11:45  
 HRCN: 35362 SEX: M AGE: 36 LOC: SUR DOB: MAR 30, 1967

Provider: LUBKE, WILLIAM L. MD

Specimen: SERUM

Accession [UID]: CH 0206 60 [1030370060]

Test name	Result	units	Ref. range
FSH (ANMC)	3.0	mIU/mL	
Eval:	Female Reference Ranges:		
Eval:	Follicular Phase: 4-13 mIU/mL		
Eval:	Mid-Cycle Peak: 5-22 mIU/mL		
Eval:	Luteal Phase: 2-13 mIU/mL		
Eval:	Postmenopausal: 20-138 mIU/mL		
Eval:	Male Reference Range:		
Eval:	Male: 1-8 mIU/mL		
LH (ANMC)	5.4	mIU/mL	
Eval:	Female Reference Ranges:		
Eval:	Follicular Phase: 1-18 mIU/mL		
Eval:	Mid-cycle Phase: 24-105 mIU/mL		
Eval:	Luteal Phase: 0.4-20 mIU/mL		
Eval:	Post-menopausal: 15-62 mIU/mL		
Eval:	Male Reference Range:		
Eval:	Male: 2-12 mIU/mL		

=====

KEY: "L"=Abnormal low, "H"=Abnormal high, "\*"=Critical value

Provider: FREEMAN, MARIA L. MD

Specimen: SERUM

Accession [UID]: SEND 03 705 [8003000705]

Test name	Result	units	Ref. range
TESTOSTERONE, TOTAL	38 L	ng/dL	241 - 827

Comment: | Test performed at:  
 | Quest Diagnostics., 1737 Airport Way So., Seattle, WA

=====

KEY: "L"=Abnormal low, "H"=Abnormal high, "\*"=Critical value

ALASKA NATIVE MED CTR 4315 Diplomacy Drive, Anchorage, AK 99508

Allen (ANMC) - 39

ALLEN-351

INFLUENZA 01-Nov-2000  
2-HEP B 13-May-1998Allergies  
ASA ALLERGYANMC - Family Medicine Clin., (28T)  
Case Manager: Provider: SARAH M CARTER

Home Phone: (907)337-8895

Work Phone: (907)834-6211

Name of Caller/Phone #

PCP: MARIA L MD FREEMAN

BP	Pulse	Weight	Pain p-r	Pain Contract	Phone MD

X	PATIENT EDUCATION
	CA Prevention
	DM Diet
	DM Foot Care
	Drugs/ETOH
	Exercise
	Nutrition

☐ Med. Refill ☐ Test Result ☐ Other

p.c. from wife requesting results of mds since she will be going to see him in valley this weekend  
 q/a to wife who is requesting xycodone to be filled also. explains that Dr Freeman has done so it will take approx to pharmacy - smc

Continued on Back

APR 2003	CHIEF COMPLAINTS	ACTIVE PROBLEMS AND RECENT POVS	APR 2003	CHIEF COMPLAINTS	ACTIVE PROBLEMS AND RECENT POVS	APR 2003	CHIEF COMPLAINTS	ACTIVE PROBLEMS AND RECENT POVS
		ASA ALLERGY			ADMISSIONS AND ADOPTION			CONTRACT DENTAL/ORTH
		POVS			ADMINISTRATIVE ENCOUNTER H			JAW PAIN
		REFERRAL AND EXAM/TREAT			CONJUNCTIVITIS			RADIOLOGICAL EXAM NEC
		JAW DISEASE NOS			URONOMA			ORCA
		NO PROCPATIENT DECISION			STRESS			IMD REPRIL
		ALL NEW PRESCRIPTION			MUSCULOSKELETAL STRAIN			CHRONIC JAW PAIN
		GENERAL SYMPTOMS NEC			CHESTWALL TENDERNESS			

med. refill  
 phone call

P = Pharmacy Diagnosis L = Laboratory Diagnosis R = Radiology Diagnosis

Action	Current Medications (12 most recent) and New Prescriptions	Initials	# Refills
C (R)	JAN 21, 2003 OXYCODONE 5MG TAB #60 T1T PO Q6H PRN (IN ADDITION TO - 0 refills left)		
C R	JAN 21, 2003 IBUPROFEN 800MG TAB #100 T1T TID P/M UD PPA (0 refills left)		
C (R)	JAN 15, 2003 OXYCODONE 5MG/ACETAMINOPHEN 32 #60 T1T PO BID PPP (0 refills left)		
C (R)	JAN 15, 2003 DIAZEPAM 5MG TAB #100 T1T PO Q6H PRN (0 refills left)		
C R			
C R			
C R			
C R			
C R			
C R			
C R			
C R			

Action: C = Cancel R = Renew NO Refills Available for CLASS II Drugs

Additional Exams, Treatments, Procedures, Tests, Labs, X-rays

Plans, instructions, appointments, and referrals

ALLEN, TOOO ANDREW  
5342

INS Eligibility: CMS &amp; DIRECT

35 y/o male

Community: ANCHORAGE

FEB 12, 2003 @ 15:57

DOB: MAR 30, 1967

SSN: 574 48 4274

AK LABORERS-WELFARE &amp; PENSION (1)

Provider MS 48

4274 ATTORNEYS KELLEY &amp; KELLEY (574-48-4274)

Signature(s):

SARAH M CARTER

ANMC0000000196

ALLEN-352

DOU 2-20-03

Alaska Native Medical Center  
Referral / Consultation Form

- ☐ Referral (transfer of care to specialist for stated condition)  
☐ Consultation (one time visit for opinion of specialist)

To: ☒ Clinic Name: Urology fax: \_\_\_\_\_  
☐ Village or Field Clinic: \_\_\_\_\_ fax: \_\_\_\_\_  
Requested Consultant: \_\_\_\_\_

From: ☒ Clinic Name: FMC fax: 729-4387  
☐ Village or Field Clinic: \_\_\_\_\_ fax: \_\_\_\_\_

Requesting Provider: FREEMAN Phone/pager: 729-3331

Requesting Provider's Case Manager: SARAH CARTER Phone/pager: 729-3311

Patient's Name: Todd Allen Date of Request: 2/5/03  
Age: 35 DOB or Chart Number: 353162 Phone Number: 337-8895 #

Parent / Legal Guardian (if applicable): 360-2316 N

PCP: Freeman Phone/pager: \_\_\_\_\_

Please list the reason for the request and any specific questions or information you want addressed with this request (e.g. provider questions, patient expectations, etc.)

ED low testosterone level of 38 - A  
830  
AM testosterone  
FAS -  
LDM  
Prostate  
LH  
FSH  
PSA

Date and time of appointment in specialty clinic: \_\_\_\_\_

Urgency:

- ☐ Same day (IF THIS IS A MEDICAL EMERGENCY, PROVIDER TO PROVIDER CONTACT IS NECESSARY)  
☐ Within 1 - 3 days  
☒ Within one week  
☐ Next available appointment

☐ Dates in Anchorage: \_\_\_\_\_

works in Valdez 1 week on & off  
off Feb 4-10  
Feb 18-24  
March 4-10

Please check any other information included with this referral:

☐ PCIS Form ☐ Treatment Plan ☐ Labs ☐ Progress Notes

☐ Discharge Summary ☐ Initial or Updated Intake Report

☐ Other: \_\_\_\_\_ ☐ Tests Pending: \_\_\_\_\_

Requesting Provider Signature: \_\_\_\_\_

Consulting provider to fax PCG and referral form with comments to referring provider and PCP (if applicable) within 24 hours of the patient's appointment. Thank you.

009

ANMC000000190



ALLEN-353

Clinic 23 75 77

**General Surgery PCS**  
Problem List Updates (Enter numbers from the Master Summary)

Appt. Time: 2:00 Arrival Time: \_\_\_\_\_  
 Provider: \_\_\_\_\_ Referring Provider: \_\_\_\_\_  
 Contact #: \_\_\_\_\_

Medications: \_\_\_\_\_  
 Allergies: \_\_\_\_\_

Chief Complaint: DNKA - Erectile Dysfunction

Physical: \_\_\_\_\_ ML: \_\_\_\_\_ ABN: \_\_\_\_\_ Lab/order: \_\_\_\_\_ CPT: \_\_\_\_\_ Initial: \_\_\_\_\_  
 CHEST: \_\_\_\_\_ CBC: \_\_\_\_\_  
 CV: \_\_\_\_\_ PT/PTT: \_\_\_\_\_  
 BREAST: \_\_\_\_\_ ES: \_\_\_\_\_  
 ABD: \_\_\_\_\_ SUN/CS: \_\_\_\_\_  
 GU: \_\_\_\_\_ Utes: \_\_\_\_\_  
 PELVIC: \_\_\_\_\_ CA: \_\_\_\_\_  
 RECTAL: \_\_\_\_\_ LFT's: \_\_\_\_\_  
 NEURO: \_\_\_\_\_ Amylase: \_\_\_\_\_  
 EXT: \_\_\_\_\_ Acid Phos.: \_\_\_\_\_  
 PSA: \_\_\_\_\_  
 B-Hcg: \_\_\_\_\_  
 UA: \_\_\_\_\_  
 U Cult: \_\_\_\_\_  
 U Hcg: \_\_\_\_\_  
 T&S: \_\_\_\_\_  
 T&C: \_\_\_\_\_  
 AEC: \_\_\_\_\_  
 Thyroid Panel: \_\_\_\_\_

Family HX: \_\_\_\_\_

Health Factors: \_\_\_\_\_ Tobacco: Past N/A Present: \_\_\_\_\_ ETOH Use: Past N/A Present: \_\_\_\_\_ Drug Abuse: Past N/A Present: \_\_\_\_\_ Family Violence: Y N \_\_\_\_\_ Referral Sent for: \_\_\_\_\_

Problem List: \_\_\_\_\_

Purpose of Visit: DNKA

Patient Ed: \_\_\_\_\_ CONTENT: \_\_\_\_\_ Initial: \_\_\_\_\_ Type: \_\_\_\_\_ Evaluation: \_\_\_\_\_  
 Time: \_\_\_\_\_ DECPT PAG EDVH 128  
 DECPT PAG EDVH 128  
 DECPT PAG EDVH 128  
 DECPT PAG EDVH 128  
 DECPT PAG EDVH 128

Location: Good Average Good Explain: Demerol Video: Mentor 1: Knows key points 2: Some Understanding 6: No understanding  
 INTENT: Disease Process Equipment ☐ Post Op Care Pre-op Care Test Procedure

AN/MEDICATION/ F/U WITH: \_\_\_\_\_ Appointment on: \_\_\_\_\_

Referral sent to Mr. Southworth concerning elevated prostate

008

PATIENT ID: Allen Todd  
35562

Date: \_\_\_\_\_

Providers: 774 LK 777 MFS 777 FDS KJS TBR MJT FRW  
177 JTN MWS JWT TIC JCG LLK  
111 SFS  
101 BSC OLD SHD ELJ JMM MAO  
101 BSC SOJ ASM DEZ AMU  
105 MPM SPB

E and M Codes: \_\_\_\_\_  
 Consultation Established New  
 PF 99241 99241 99241 No MO 99201  
 PF 99242 99242 99242 PF 99202  
 QET 99243 99243 99243 QET 99203  
 COM 99244 99244 99244 COM 99204  
 CLK 99245 99245 99245 CLK 99205  
 Admission POST OP 99024  
 Chart RV Phone P/U

Billing type: None Medicare Medicaid 3rd party ins. Initials \_\_\_\_\_ W/C \_\_\_\_\_ MVA \_\_\_\_\_ DOI \_\_\_\_\_ OOS \_\_\_\_\_  
 76  
 25 12/25/99

ANMC0000000191



ALLEN-354

INFLUENZA 01-Nov-2000  
2-HEP 8 13-May-1998Allergies  
ASA ALLERGYANMC - Family Medicine Clinic (28T)  
Case Manager: Provider: SARAH M CARTER

Home Phone: (907)337-8885

Work Phone: (907)834-8211 223-872

Name of Caller/Phone #

PCP: MARIA L MD FREEMAN

BP	Pulse	Weight	Pain (0-10)	Pain Contract	Prime MD

☐ Med. Refill ☐ Test Result ☐ Othermessage - pt's wife Kim would like to set up her 1<sup>st</sup> prenatal

1/B to Kim who requests PNK + 1<sup>st</sup> prenatal appt. Kim has no chart here will need to establish a chart & proof of marriage certificate. pt wants to know if she can get PNK now & then bring in marriage certificate on monday. will ref. it and C/B - smc

C/B to Kim & let her know that she will need to have marriage certificate before appt. PNK many cases can be provided. smc

☐ Continued on Back

Active Problems and Recent POVs	Active Problems and Recent POVs	Active Problems and Recent POVs
P L R V4.9 ASA ALLERGY	P L R 798.9 GENERAL SYMPTOMS NEC	P L R 798.9 CHESTWALL TENDERNESS D
P L R V4.9 POX	P L R 804.81 ADHESIONS AND ARRYLODI	P L R 773.3 CONTRACT DENTALDIAL H
P L R V4.3 DMKA - GRECTILE DYSPHIA	P L R 768.9 ADMINISTRATIVE ENCOUNT H	P L R 713.49 JAW PAIN
P L R 362.72 INHIBITED DMK EXCITING	P L R 372.89 CONJUNCTIVITIS	P L R 772.5 RADIOLOGICAL EXAM NEC
P L R V68.91 REFERRAL-NO EXAM/TREAT	P L R 798.82 INSOMNIA	P L R 3899 DMKA
P L R 628.9 JAW DISEASE NOS	P L R 368.3 STRESS	P L R 768.1 MED RECALL
P L R V68.39 FILL NEW PRESCRIPTION	P L R 848.3 MUSCULOSKELETAL STRAIN	

Problem List: phone call

P = Pharmacy Diagnosis L = Laboratory Diagnosis R = Radiology Diagnosis

Action	Current Medications (12 most recent) and New Prescriptions	Quantity	# Refills
C R	MAR 18,2003 OXYCODONE 5MG TAB #128 T1T PO Q6H PRN FPA (0 refills left)		
C R	MAR 18,2003 OXYCODONE 5MG/ACETAMINOPHEN 32 #89 T1T PO BID PFP (0 refills left)		
C R	MAR 18,2003 DIAZEPAM 5MG TAB #100 T1T PO Q6H PRN (0 refills left)		
C R	JAN 23,2003 IBUPROFEN 800MG TAB #100 T1T TID F/M UD FPA (0 refills left)		
C R			
C R			
C R			
C R			
C R			
C R			
C R			

Action: C = Cancel R = Renew NO Refills Available for CLASS II Drugs

\*Additional Exams, Treatments, Procedures, Tests, Labs, X-rays

Plans, instructions, appointments, and referrals

ALLEN, TODD ANDREW  
35362

IHS Eligibility: CHS &amp; DIRECT

Signature Acc'd:

Signature(s):

DOB: MAR 30, 1967 35 y/o male SSN: 574 48 4274  
4274, ATTORNEYS KELLEY & KELLEY (574-48-4274)

Community: ANCHORAGE

MAR 19, 2003 @ 16:19

AK LABORERS-WELFARE &amp; PENSION (E

Provider MS48

Signature: Sarah Carter RNC

Allen (ANMC) - 4

ALLEN-355

INFLUENZA 01-Nov-2000  
2-HEP B 13-May-1998

**Allergies**  
**ASA ALLERGY**

**ANMC - Family Medicine Clinic (28T)**  
**Case Manager: Provider: REBECCA A FOX**

Home Phone: (907) 380-2318

Work Phone: (907) 834-6211

Todd

Name of Caller/Phone #

907-834-6913

PCP: MARIA L. MD FREEMAN

X	PATIENT EDUCATION
	CA Prevention
	DM Diet
	DM Foot Care
	Drugs/ETOH
	Exercise
	Nutrition

BP	Pulse	Weight	Pain (0-10)	Pain Contract	Prone MD
----	-------	--------	-------------	---------------	----------

☐ Med. Refill    ☐ Test Result    ☐ Other

3/31/05 By insistant upon talking to Dr. Freeman & explained to him that Dr. Freeman cannot call pt. back. That she is too busy seeing pts & appts. He is req. a letter wrote by Dr. Freeman to indicate:

1. Dr. Pearson's knowledge of TMS
2. What day Dr. has been provided
3. Why pain meds are necessary.  $\leftarrow$  paracetamol Paracetamol
4. Details copy of pain contract Ibuprofen
5. Copy of script for paracetamol

4.4.03 1190 Contested it - left copy - wife stated he was coming into school  
left copy at front desk file for him to pick up original want to take  
him

☐ Continued on Back

ANALYSIS OF PROBLEMS AND RECENT POWERS						ANALYSIS OF PROBLEMS AND RECENT POWERS					
P	L	R	PROBLEM	RECENT POWER	REMARKS	P	L	R	PROBLEM	RECENT POWER	REMARKS
			VIA1	ASB ALLERGY					VIA1	GENERAL SYMPTOMS NEG	
			VIA2	POW					VIA2	ADHERENCE AND ANKLYOSIS	
			VIA3	DNSA - EMBLILE STYUIM					VIA3	ADHESION'S ENDOCRIT N	
			VIA4	SPRINTED SEX EXCITE					VIA4	CONJUNCTIVITIS	
			VIA5	REFUSAL NO GUANTREAT					VIA5	INFORMA	
			VIA6	JAB DISEASE NEG					VIA6	STRESS	
			VIA7	FLA NEW PRESCRIPTION					VIA7	MUSCLE SKELETAL STRAIN	

P = Pharmacy Diagnosis      L = Laboratory Diagnosis      R = Radiology Diagnosis

[illegible]

Action: C = Cancel R = Renew NO Refills Available for CLASS II Drugs

**Additional Exams, Treatments, Procedures, Tests, Labs, X-rays**

**Plans, instructions, announcements, and referrals**

**ALLEN TODD ANDREW**

HS FINANCIAL: CUS &amp; DIRECT

### Synthetic Aesthetics

Signature(s):

1542

Community: VALDEZ

MAR 31 2003 013:49

DOB: MAR 30, 1967 36 yrs male SSN: 574 48 4274  
4274 ATTORNEYS KELLEY & KELLEY (574-48-4274)

AK LABORERS WELFARE &amp; PENSION C.

3—41a MF 45

301

Beyan

Allen (ANMC) - 3

ALLEN-356

INFLUENZA 01-Nov-2000  
2-HEP B 13-May-1998

**Allergies**  
**ASA ALLERGY**

**ANMC - Family Medicine Clinic (28T)**  
Case Manager: Provider: ANH PHOULLO N WRIGHT

Home Phone: (907) 380-2316

Work Phone: (907)834-6211

Todd - 835-4311  
Name of Caller/Phone #

Name of Called Phone #

Would like to  
mail to name  
PCP: MARIA L MO FREEMAN

PCP: MARIA L. MD FREEMAN

2/20

245

PATIENT EDUCATION	
CA Prevention	
DM Diet	
DM Foot Care	
Drugs/ETOH	
Exercise	
Nutrition	

BP	Pulse	Weight	Pain p-m	Pain Contract	Prone MD
----	-------	--------	----------	---------------	----------

☒ Med. Ref.    ☐ Test Result    ☐ Other

would like refill on the following last fill  
3-18-03 - due. would like to know today  
possibly ~~stay~~ drive to Anchorage to pick up.  
last visit 2-6-03 - surgery  
1-24-03 last visit. notified +  
refill

notified & signed

**FAXED**  
9-5-02

7393

**Continued on Back**

MR. [REDACTED] - [REDACTED] Active Problems and Recent POVs (2/2/20)				MR. [REDACTED] - [REDACTED] Active Problems and Recent POVs (2/2/20)				MR. [REDACTED] - [REDACTED] Active Problems and Recent POVs (2/2/20)			
P	L	R		P	L	R		P	L	R	
			V44.5 ASA ALLERGY				719.9 GENERAL STIFFNESS REC				718.9 CHESTWALL TENDERNESS D
			POV				654.81 ARTERIOS AND ANEYLOS				V72.2 CONTRACT DENTATORIAL N
			V44.3 DYSIA - ERECTILE DYSFUN				V69.2 ADMINISTRATIVE DISCOUNT N				V78.0 JAW PAIN
			208.72 DISTURBED MEX DIGNITIME				719.49 CONJUNCTIVITIS				V72.3 RADIOLOGICAL EXAM REC
			V44.01 REFERRAL/NO EXAM/TREAT				718.81 INDOMINA				2999.9 DMSA
			S20.5 JAW DISEASE NOS				300.3 STRESS				V68.1 MID REFILL
			V68.06 PILL NEW PRESCRIPTION				690.5 MUSCULOSKELETAL STRAIN				

Purpose of Visit: [REDACTED]

pain contract

P = Pharmacy Diagnosis      L = Laboratory Diagnosis      R = Radiology Diagnosis

# Action	Current Medications (12 most recent) and New Prescriptions	Quantity	# Refills
C R	MAR 18, 2003 OXYCODONE 5MG TAB #120 T1T PO Q6H PRN FPA (0 refills left)	120	
C R	MAR 18, 2003 OXYCODONE 5MG/ACETAMINOPHEN 32 #60 T1T PO BID PFP (0 refills left)		
C R	MAR 18, 2003 DIAZEPAM 5MG TAB #100 T1T PO Q6H PRN (0 refills left)		
C R	JAN 23, 2003 IBUPROFEN 800MG TAB #100 T1T TID FIM UD FPA (0 refills left)		
C R			
C R			
C R			
C R			
C R			
C R			
C R			
C R			
C R			
C R			

ORIGINAL

Action: C = Cancel R = Renew NO Refill Available for CLASS II Drugs

**Additional Exams, Treatments, Procedures, Tests, Labs, X-rays**

### Plans, instructions, appointments, and referrals

ALLEN, TODD ANDREW  
35362

DOB: MAR 30, 1967 36 y/o male SSN: 574 48  
4274) ATTORNEYS KELLEY & KELLEY (574-48-4274)

~~THIS ENDORSEMENT CHS & DIRECT~~

Community: VALDEZ

APR 18 2003 07:49

AK LABORERS WELFARE &amp; PENSION 12

**Signature Acct:****Provider MS4**

**Signature(s):**

201

Akhwaj  
M. J. Newman



ALLEN-357

April 18, 1995 Visit to ER. @ 1:00 pm All night. in H. car EDN



# ALASKA NATIVE MEDICAL CENTER



## NOTICE OF PRIVACY PRACTICES

**THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE READ AND REVIEW IT CAREFULLY.**

The Alaska Native Medical Center respects your privacy and understands that your personal health information is very sensitive. We make a record of the care and services you receive at the medical center. This information is needed to give you quality health care and comply with the law. For example, this information includes your symptoms, test results, diagnosis, treatment, health information from other medical providers, and billing and payment information related to those services. We will not disclose your information to others unless you tell us to do so, or unless the law authorizes or requires us to do so.

This privacy notice will tell you about: (1) the way that we may use and give out medical information about you; (2) your medical privacy rights; and (3) the responsibilities of the medical center in using and disclosing your medical information.

## **HOW WE MAY USE AND DISCLOSE YOUR MEDICAL INFORMATION**

The list below describes different ways that we use and disclose medical information. For each category of uses or disclosures we explain what we mean and try to give an example.

### ***For Treatment:***

Information obtained by a member of our health care team will be recorded in your medical record and used to help decide what care may be right for you. We may also provide information to others providing your care. This will help them stay informed about your care so they may help you if needed. For example, a doctor may ask if you have high blood pressure to avoid giving you a medication that may make this condition worse. This information could be shared with nurses, pharmacists, dieticians or physical therapists so they know of the problem and avoid items that might make it worse.

### ***For Payment:***

We may use and disclose medical information about you so that the treatment and services you receive at the medical center may be billed to and payment may be collected from the government, insurance company, third party or other responsible person. For example, insurance companies may need information about surgery you had at the medical center in order to pay us. In addition, if someone else is responsible for your medical costs, we may disclose information to that person when we seek payment.

ALNANMCD-49

A Phenodryn

***For Health Care Operations:***

We may use and disclose medical information about you for medical center operations that are necessary to run the medical center and make sure all of our patients receive quality care. For example, we may use medical information about you to evaluate the performance of our staff. We may also combine medical information about many medical center patients to decide what additional services the medical center should offer, what services are not needed, and whether certain new treatments work.

**YOUR HEALTH INFORMATION RIGHTS**

The health and billing records we make and store belong to the medical center/clinic. The protected health information in it, however, generally belongs to you. You have a right to:

- Read and ask questions about this Notice;
- Receive a copy of the Notice of Privacy Practices;
- Ask us to limit certain uses and disclosures. In order to limit use and disclosures, you must give us a written request. We are not required to grant the request, but if we grant your request, we will comply with that;
- Ask that you be allowed to see and get a copy of your protected health information. You may also request that your health information be given or sent to you by another means or at another location. These requests must be made in writing and we have a form available for this type of request;
- Have us review a denial of access to your health information;
- Give us a written request to change your health information. We may accept your request and if we do, we will add an amendment to your record. If we deny your request, you may write a statement of disagreement which will be stored in your medical record and we may add our own statement disagreeing with your proposed changes. These statements would be included with any release of your records;
- Request of copy of the list of certain disclosures made of your health information outside of treatment, payment and operations. This list will not include disclosures to third party payers. You may request and receive this information without charge once every 12 months, but we may be delayed in providing you with a copy of the list of certain disclosures if the law requires that we not disclose that information for a period of time. We will notify you of the cost involved if you request this information more than once in 12 months;
- Cancel prior authorizations to use or disclose your health information by giving us a written request to end the authorization. This request does not affect information that has already been released or affect any action taken before we have it.

For help with these rights during normal business hours, please contact: ANMC Privacy Officers at 729-1971 or 729-5066.

### **OUR RESPONSIBILITIES**

**We are required to:**

- **Keep your protected health information private;**
- **Give you this Notice of Privacy Practices; and**
- **Follow the terms of this Notice.**

We have the right to change our practices regarding the protected health information we maintain. If we make changes, we will update this Notice. You may receive the most recent copy of this Notice by calling and asking for it or by visiting our office to pick one up.

### **To Ask for Help or Complain**

If you have questions, want more information, or want to report a problem about the handling of your health information, you may contact the ANMC Privacy Officers:

Deborah Gordon – 729-1971

Deann Baker – 729-5066

If you believe your privacy rights have been violated, you can make a written complaint to the Corporate Compliance Office at 3925 Tudor Center Dr. Anchorage, AK 99508. Also, you can file a complaint with the U.S. Secretary of Health and Human Services. *If you complain, we will not retaliate against you.*

### **Other Disclosures and Uses of Health Information**

#### **Notification of Family and Others**

- Unless you object, we may release health information about you to a friend or family member who is involved in your medical care while you are a patient in the hospital. We may also give information to someone who helps pay for your care. We may tell your family or friends your condition and that you are in the hospital. In addition, we may disclose health information about you to assist in disaster relief efforts.
- If you are staying in the hospital, information may be provided to people who ask for you by name. We may use and disclose the following information in the hospital directory:
  - Your name,
  - Location,
  - General condition, and
  - Religion (only to clergy).

Allen(ANMC)-45



You have the right to object to this use or disclosure of your information. If you object, we will not use or disclose it.

**We may use and disclose your protected health information without your authorization as follows:**

- **Appointment Reminders** – We may use and disclose medical information to contact you as a reminder that you have an appointment for treatment or medical care at the hospital or clinic.
- **Interpreters**: In order to provide you proper care and services, we may use the services of an interpreter. This may require the use or disclosures of your personal health information to the interpreter.
- **Other Treatments and/or Health Products** – We may use and disclose medical information to tell you about or recommend possible treatment options or alternatives that may be of interest to you, or about health-related products or services that may be of interest to you.
- **Medical Research** – Under certain circumstances, we may use and disclose medical information about you for research purposes, but only if the research has been approved and has policies to protect the privacy of your health information. We may also share information with medical researchers preparing to conduct a research product. We will almost always ask for your specific permission if the researcher will have access to your name, address or other information that reveals who you are, or will be involved in your care at the medical center.
- **Funeral Directors/Coroners/State Medical Examiner** – We will disclose medical information about you to funeral directors, coroners and the state medical examiner, consistent with state and federal law to allow them to carry out their duties.
- **Public Health Risks** – We may disclose medical information about you for public health activities that can include the following:
  - Prevention or control of disease, injury or disability;
  - Reports of births and deaths;
  - Reports of abuse or neglect of children, elders and dependent adults;
  - Reports of reactions or problems with medications or health products;
  - Notifying people of product recalls related to their health care;
  - Notifying a person that they may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition;
  - Notifying a government authority if we believe a patient has been the victim of abuse, neglect or domestic violence. We will only make this disclosure if you agree or when required or authorized by law.

- **Workers' Compensation Laws** – When required by state law and you have made a workers' compensation claim or other similar program that provides benefits for work-related injuries or illness.
- **Correctional Institutions** – If you are in jail or prison, to the Department of Corrections for your health and the health and safety of others.
- **Law Enforcement** – When legally required such as when we receive a subpoena, court order or other legal process, or you are the victim of a crime.
- **Tissue Donation and Transplant** – We may release medical information to organizations that handle organ procurement or tissue transplantation or to an organ donation bank, to help with organ or tissue donation and transplant if you or your family members agree.
- **Health and Safety Oversight** – We may share information with a health oversight agency when required by law. These oversight activities include audits, investigations and medical licenses.
- **Disaster Relief Purposes** – We may share health information with disaster relief agencies to assist in notification of your condition to family or others.
- **Military and Veterans** – If you are a member of the armed forces, we may release medical information about you as required by military command authorities.
- **Lawsuits and Disputes** – If you are involved in a lawsuit or a dispute, we may disclose medical information about you in response to a court or administrative order. We may also disclose medical information about you in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute.
- **National Security and Intelligence Activities** – We may release medical information about you to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law.
- **Other Uses** – Uses and disclosures not in this Notice will be made only as allowed or required by law or with your written authorization.

#### **WHO WILL FOLLOW THIS NOTICE**

This notice describes our medical center and clinics practices and that of:

- Any health care professional authorized to enter information into your medical center chart;
- All departments and units of the medical center;
- Any member of a volunteer group we allow to help you while you are in the medical center;
- All employees, staff and other medical center personnel.

**EFFECTIVE DATE: April 14, 2003**

Allen(ANMC)-47

**NOTICE OF PRIVACY PRACTICES ACKNOWLEDGEMENT****Effective Date April 14, 2003**

The Alaska Native Medical Center's Notice of Privacy Practices provides information about how we may use and disclose protected health information about you. You have the right to review our notice before signing this acknowledgement. As provided in our notice, the terms of our notice may change. If we change our notice, you may obtain a revised copy by contacting our medical center or asking any registration clerk.

You have the right to request that we restrict how protected health information about you is used or disclosed for treatment, payment or health care operations. We are not required to agree to this restriction, but if we do, we are bound by our agreement.

You have the right to request a list of certain disclosures we have made of your protected healthcare information.

By signing this form, you acknowledge receipt of this Notice of Privacy Practices.

Chart No. \_\_\_\_\_

Date \_\_\_\_\_

\_\_\_\_\_  
Printed Name of Patient\_\_\_\_\_  
Printed Name of Authorized Representative\_\_\_\_\_  
Signature of Patient or Authorized Representative

DR. Fiery

4/19/03

A phenodrene - ~~raw~~

Nausea - meds - shot, tablets

Allen (ANMC)-48

Exhibit D1A  
Page 50 of 63

ALLEN 363A

**Emergency Visit Record****Seen at: 0745 4/19/2003****Chief Complaint: Ear and jaw pain**

**History of Present Illness:** Patient relates in process of moving from Anchorage to Valdez. The drive here he had increase in pain on right; wants to be sure not infected. Can't keep Percocet down secondary to nausea last night. Did eat large meal last evening.

**No fever, some chills, no upper respiratory complaints, no abdominal pain.**

<b>Objective:</b> Alert male no acute distress; speech slow	<b>Past Medical History</b>
Tympanic membranes bilaterally a bit cloudy but mobile	Mandible Fracture
Nares no discharge	
Pharynx pink	positive click and tenderness bilateral
Neck supple	tempromandibular joint
No nodes	
Lungs Clear to auscultation	
Heart regular rhythm and rate no murmur	

**Chronic pain tempromandibular joint- history of mandible fracture**  
**Nausea**

**Aware with pain contract no narcotics**  
**Phenergan 25mg intramuscular now**  
**Phenergan 25mg orally every 6 hours as needed (#6)**  
**Follow up with primary care provider**  
**Patient has Motrin**

**Donna Fearey, Advanced Nurse Practitioner**



ALLEN-364

## AUTHORIZATION FOR EMERGENCY TREATMENT

(a) I, Todd A. Allen do authorize emergency

(Name)

care of myself by the Indian Health Service to render the care needed and as decided by the physician or other professional medical personnel in charge.

Signed

Date

(b) I, \_\_\_\_\_ authorize the emergency

(Name)

care of \_\_\_\_\_ by the Indian Health

(Patient's Name)

Service to care as needed and as decided upon by the physician or other professional medical personnel in charge.

Signature

Date

Relationship to Patient

ENCLOSURE OF NEW (BROCHURE) ADDITIONAL CHARGES

The information given to the Doctor/Nurse/Admitting Clerk is confidential and will not be released unless required by law and/or your written request to inform a third party.

This takes care of Medical or Nurse Practitioners when they are the sole source of care

002

IHS-114  
1/89

ENCLOSURE NEW BROCHURE

DATE	TIME	INITIALS
05/24/07	12:00	DAK

ANMC0000000200

ALLEN-365

nausea  
TMJ/ear pain

AFTERCARE INSTRUCTIONS		DIAGNOSIS:
<b>LACERATION/WOUND CARE</b> <input type="checkbox"/> Wound Check on: _____ <input type="checkbox"/> Stitch Removal on _____ <input type="checkbox"/> Keep Clean and Dry <input type="checkbox"/> Change Dressing		<input type="checkbox"/> Keep elevated to decrease swelling <input type="checkbox"/> Aspirin or Tylenol for pain (circle one) <input type="checkbox"/> Return if signs of infection: redness, swelling, fever, pus, hot
<b>HEAD INJURY</b> <input type="checkbox"/> Wake patient every 2 hours for next 24 hours <input type="checkbox"/> No aspirin products <input type="checkbox"/> No alcohol <input type="checkbox"/> Return if any of the following occur: confusion, unable to wake patient, nausea or vomiting, pupils unequal		<b>COUGH/COLD SYMPTOMS</b> <input type="checkbox"/> Fluids <input type="checkbox"/> No smoking <input type="checkbox"/> Medication as prescribed <input type="checkbox"/> Cool mist humidifier <input type="checkbox"/> Return if symptoms worsen, fever present
<b>FRACTURES/SPRAINS</b> <input type="checkbox"/> Keep injured part elevated for next 2 days, use ice to decrease swelling <input type="checkbox"/> Move fingers or toes often in cast or bandage <input type="checkbox"/> Do not insert objects under cast or wrap to scratch <input type="checkbox"/> Use crutches as instructed, use special care on ice/steps <input type="checkbox"/> Rewrap ace wrap if extremity becomes numb, cold, discolored or swollen <input type="checkbox"/> If no improvement - return		<b>BACK/NECK PAIN</b> <input type="checkbox"/> Firm surface to rest on <input type="checkbox"/> No heavy lifting until better <input type="checkbox"/> Wear collar as advised <input type="checkbox"/> Gentle, firm massage if approved by provider <input type="checkbox"/> Contact Physical Therapy at 729-1249 <input type="checkbox"/> Return if pain increases or you begin to experience tingling or numbness in _____
<b>NAUSEA</b> <input type="checkbox"/> Clear liquids for 12-24 hours or until nausea is gone <input type="checkbox"/> Avoid milk products, spicy or greasy foods, alcohol <input type="checkbox"/> Return if worse or not better in 24 hours		<b>SEXUALLY TRANSMITTED DISEASES</b> <input type="checkbox"/> Medication as prescribed <input type="checkbox"/> No unprotected sex for ____ days <input type="checkbox"/> Notify recent partners. <input type="checkbox"/> Return if symptoms worsen
<b>DIARRHEA</b> <input type="checkbox"/> Clear liquids frequently for 24 hours or until stools become firmer (Pedialyte, ReSoL, or Rice Lyte in infants) <input type="checkbox"/> Advance slowly: rice cereal, bananas, applesauce, crackers, clear soup <input type="checkbox"/> Return if no improvement in 48 hours		
<b>PELVIC INFLAMMATORY DISEASE</b> <input type="checkbox"/> Bedrest until fever is gone <input type="checkbox"/> Warm baths to lessen pain <input type="checkbox"/> Use pads instead of tampons <input type="checkbox"/> No sex until symptoms gone, use condoms after that. <input type="checkbox"/> Return for increased fever, worsening symptoms		<b>URINARY TRACT INFECTION</b> <input type="checkbox"/> Drink large amounts of fluids (water, cranberry or other juices) <input type="checkbox"/> Medication as prescribed <input type="checkbox"/> Return if fever, more pain, worsening symptoms
<b>MEDICATION AS DIRECTED:</b> Taking all meds as prescribed for pain <input type="checkbox"/> PMIS given to patient		
<b>ADDITIONAL INSTRUCTIONS:</b> Phenergan for nausea (caution drowsiness) Flu w/ your provider		
<b>CALL FOR LAB RESULTS ON:</b>		
Return to ED/UCC if symptoms worsen or do not improve by: <u>as needed</u> You were seen on <u>4/19/03</u> by <u>Debra P</u> . This advice was received and understood by <u>[signature]</u> (patient signature) and explained by <u>DE</u> .		
<b>Additional handouts:</b>		
<b>Follow up Appointment:</b>		<input type="checkbox"/> Referral made. The _____ clinic will call you on the next working day to set up an appointment.
Clinic: _____ (stamper)	Date: _____ Time: _____	

03-53-62 M DOB 03/30/67  
 ALLEN, TODD ANDREW  
 4/19/03 07:07 CLIN 80  
 VALDEZ  
 ACCT 6165682

Allen(ANMC)-42

ALASKA NATIVE MEDICAL CENTER  
 Emergency Dept/Urgent Care Center  
 4315 Diplomacy Drive  
 Anchorage, AK 99508  
 phone: 729-1729

ALLEN-366

NOTICE OF PRIVACY PRACTICES ACKNOWLEDGEMENT

Effective Date April 14, 2003

The Alaska Native Medical Center's Notice of Privacy Practices provides information about how we may use and disclose protected health information about you. You have the right to review our notice before signing this acknowledgement. As provided in our notice, the terms of our notice may change. If we change our notice, you may obtain a revised copy by contacting our medical center or asking any registration clerk.

You have the right to request that we restrict how protected health information about you is used or disclosed for treatment, payment or health care operations. We are not required to agree to this restriction, but if we do, we are bound by our agreement.

You have the right to request a list of certain disclosures we have made of your protected healthcare information.

By signing this form, you acknowledge receipt of this Notice of Privacy Practices.

Chart No.

035362

Date

4-19-2003

Printed Name of Patient

x Todd A. Allen

Printed Name of Authorized Representative

Signature of Patient or Authorized Representative

- Todd A. Allen

03-53-62 M DOB 03/30/67  
ALLEN, TODD ANDREW  
4/19/03 07:07 CLIN 80  
VALDEZ  
ACCT 6165662

ANMC0000000201

ALLEN-367

FROM : AFD STATION 7  
ePCR: .08093

FAX NO. : 2456266

Apr. 19 2003 10:31PM P1

Page 1 of 2

Printed  
Sat  
4/19/2003  
23:19**Prehospital Care Report**  
Municipality of Anchorage  
**Anchorage Fire  
Department**Run  
Number: **0008093**  
Alarm Date: **Sat - 4/19/2003  
17:11:25**Location **5205 Northwood St** Apt/Suite **315** **Anchorage**Patient **Allen, Todd** Sex: **M** Age: **36** Dob: **3/30/1967**  
5205 Northwood ST Apt: 315 Weight: **100** SSN:  
Anchorage Bowl, AK 99502 Status: **ALS2**  
Patient Count: **Code 99**Transporting Unit **M01** Dispatch **17:11:34** Odo: **6**  
Response to Scene: Code Red Responding **17:13:00**  
Dest Hospital: **PROV** Arrival **17:20:57**  
Hospital Chosen By: Diversion At Patient **17:20:57**  
Response From Scene: Code Red To Hospital **17:46:43**  
At Hospital **17:53:17**Chief Complaint **Person Not Breathing- Code 99**  
Impression: **Cardiac arrest**Narrative By: **SR CAPT - Krogh, Marvin, A** Title: **New Narrative**

36 yr old male cc cardiac arrest.

Pt was seen earlier today at ANMC for head pain. Sent home with pain meds. At 1400 hrs pt took nap. At 1530 pt was having snoring resp., wife called ANMC, was told to monitor. Around 1700 pt was found not breathing, EMS activated.

PMH previous head trauma.

Pt unconscious unresponsive. Apnea, no pulse. Airway had emesis with blood. Skin warm, dry, slightly cyanotic. HEENT unremarkable. Pupils fixed and midpoint. Chest unremarkable. Abd unremarkable. Extremities unremarkable. No obvious trauma.

Pt in care of E5. CPR in progress. No shock advised on AED. Combitube in place. LS confirmed, no gastric sounds. Pt switched to LP12. Asystole. 2 mg Narcan IM. IV established R AC with 18g. Epi 1mg. Atropine 1 mg. Suction of combitube. Epi 1mg. Atropine 1 mg. 50 meq of Bicarb. Narcan 6 mg. Wide complex tachy with pulses. CPR stopped. Changed into sinus tach 120 bpm. Pt moved to code board. Combitube reconfirmed. Pt started to brady down. Atropine 1 mg. No pulses. CPR. Pt moved to M01. Transported code red to Prov. ANMC diverted. Epi 1 mg. Pt regained radial pulses. CPR stopped. BP of 130/p. Pt turned over to ER staff with oral report. Total fluid given was 800cc of NS. Tube reconfirmed after pt moved.

History Allergies: none Symptoms: **Cardio-Resp Arrest**  
Medications: **oxycodone, percocet, phenegan, diazepam** History: **Unknown**FlowChart  
Time Medic Success ProcedureCPR  
Pre/Post Arrival Arrest: **Pre-arrival arrest**  
Initial Arrest Rhythm: **Initial arrest rhythm, other**  
Rhythm At Dest: **Initial arrest rhythm, other**  
Provider: **Police**[http://sparky/afd/FireRMS/ePCR.asp?Key=0008093\\_OXM1DACKEFDMA](http://sparky/afd/FireRMS/ePCR.asp?Key=0008093_OXM1DACKEFDMA)

4/19/2003

PROV000000654

ALLEN-368

FROM : AFD STATION 7

FAX NO. : 2456266

Apr. 19 2003 10:17PM P2

ePCR - 0008093

Page 2 of 2

Author E07 1497 PFF Luna, Scott E

M01 1381 PFE Fellingner, Marc N

M01 1302 PFF San, Tim M

Last Modified: 4/17/2003 11:09:44

[http://sparky/afd/FireRMS/ePCR.asp?Key=0008093\\_0XM1DACKEFDMA](http://sparky/afd/FireRMS/ePCR.asp?Key=0008093_0XM1DACKEFDMA)

4/19/2003

PROV000000655



Nov 26 03 03:14p

ePCR - 0008093

P. 4 ALLEN-369

Printed  
Sat  
4/19/2003  
23:19

## Prehospital Care Report

Municipality of Anchorage

Anchorage Fire  
DepartmentRun  
Number: 0008093 A  
Alarm Date: Sat - 4/19/2003  
17:11:25

Location 5205 Northwood St Apt/Suite 315 Anchorage

Patient Allen, Todd Sex: M Age: 36 Dob: 3/30/1967  
5205 Northwood ST Apt: 315 Weight: 100 SSN:  
Anchorage Bowl, AK 99502 Status: ALS2

Patient Count: Code 99

Transporting Unit M01 Dispatch 17:11:34 Odo: 6  
Response to Scene: Code Red Responding 17:13:00  
Arrival 17:20:57  
Dest Hospital: PROV At Patient 17:20:57  
Hospital Chosen By: Diversion To Hospital 17:46:43  
Response From Scene: Code Red At Hospital 17:53:17

Chief Complaint Person Not Breathing - Code 99

Impression: Cardiac arrest

## Narrative

By: SR CAPT - Krogh, Marvin, A Title: New Narrative

36 yr old male cc cardiac arrest.

Pt was seen earlier today at ANMC for head pain. Sent home with pain meds. At 1400 hrs pt took nap. At 1530 pt was having snoring resp., wife called ANMC, was told to monitor. Around 1700 pt was found not breathing, EMS activated.

PMH previous head trauma.

Pt unconscious unresponsive. Apnea, no pulse. Airway had emesis with blood. Skin warm, dry, slightly cyanotic. HEENT unremarkable. Pupils fixed and midpoint. Chest unremarkable. Abd unremarkable. Extremities unremarkable. No obvious trauma.

Pt in care of E5. CPR in progress. No shock advised on AED. Combitube in place. LS confirmed, no gastric sounds. Pt switched to LP12. Asystole. 2 mg Narcan IM. IV established R AC with 18g. Epi 1mg. Atropine 1 mg. Suction of combitube. Epi 1mg. Atropine 1 mg. 50 meg of Bicarb. Narcan 6 mg. Wide complex tachy with pulses. CPR stopped. Changed into sinus tach 120 bpm. Pt moved to code board. Combitube reconfirmed. Pt started to brady down. Atropine 1 mg. No pulses. CPR. Pt moved to M01. Transported code red to Prov. ANMC diverted. Epi 1 mg. Pt regained radial pulses. CPR stopped. BP of 130/p. Pt turned over to ER staff with oral report. Total fluid given was 800cc of NS. Tube reconfirmed after pt moved.

History Allergies: none

Symptoms: Cardio-Resp Arrest

Medications: oxycodone, percocet, phenergan, diazepam

History: Unknown

## FlowChart

Time Medic

Success Procedure

CPR

Pre/Post Arrival Arrest: Pre-arrival arrest

Initial Arrest Rhythm: Initial arrest rhythm, other

Rhythm At Dest: Initial arrest rhythm, other

Provider: Police

Flowchart needs to be  
Completed[http://sparky/afd/FireRMS/ePCR.asp?Key=0008093\\_OXM1DACEFDMA](http://sparky/afd/FireRMS/ePCR.asp?Key=0008093_OXM1DACEFDMA)

4/19/2003

PROV0000000275

Allen (EMS Report) - 1

Nov 26 03 03:14p

ePCR - 0008093

P. 5 ALLEN-370

Author E07 1497 PFF Luna, Scott E  
M01 1381 PFE Esslinger, Marc N  
M01 1302 PFF Stigen, Tim M

Last Modified: 4/17/2003 11:09:44

[http://sparky/afd/FireRMS/ePCR.asp?Key=0008093\\_0XM1DACKEFDMA](http://sparky/afd/FireRMS/ePCR.asp?Key=0008093_0XM1DACKEFDMA)

4/19/2003

PROV0000000276

Allen (EMS Report) - 2

Sent By: FRW;

360 782 4358 ;

Apr-20-07 3:36PM;

Page 4  
21002

## Incident Detail

Page 1 of 5

## AFD Incident Detail Report

Incident #: 2003231000008921

FireRMS #: 0008093

Incident Date: 4/19/2003 17:11:09

## Incident Information

Incident Type: EMS, Level 4

Alarm Level: 1

Priority: Code Red

Problem: zCardia/Resp Arrest/Death Lev4

Determinant: 09E01

Agency: Municipality of Anchorage

Base Response#: 4-03-02382

Jurisdiction: Anchorage Fire Department

Confirmation#:

Division: Station 05 Response District

Taken By:

Battalion: Station 05 Response District

Response Area: Sta05

Response Plan: Level 4 EMS Respons

Disposition:

Command Ch:

Cancel Reason:

Primary TAC:

Incident Status: Closed

Secondary TAC:

Certification:

## Incident Location

Location Name:

County: Anchorage

Address: 5205 Northwood St

Location Type:

Apartment: 315

Cross Street: N FRONTAGE RD/W  
INTERNATIONAL AIRPORT  
RD

City, State, Zip: Anchorage Bowl AK 99502

Map Page: 192

Grid Number: ANSW1927

## Call Receipt

Method Received:

Call Back Phone: 907-245-5002

Caller Type:

Caller Location: 5205 NORTHWOOD DR

## Time Stamps

## Elapsed Times

Description	Date	Time	User
1st Key Stroke	4/19/2003	17:11:06	
In Waiting Queue	4/19/2003	17:11:25	
Call Taking Complete	4/19/2003	17:16:41	
1st Unit Assigned	4/19/2003	17:11:34	
1st Unit Enroute	4/19/2003	17:12:58	
1st Unit Arrived	4/19/2003	17:15:46	
Closed	4/19/2003	18:33:22	

Description	Time
Received to In Queue	00:00:16
Call Taking	00:05:32
In Queue to 1st Assign	00:00:09
Call Received to 1st Assign	00:00:28
Assigned to 1st Enroute	00:01:24
Enroute to 1st Arrived	00:02:48
Incident Duration	00:05:32

## Resources Assigned

Vehicle Response#	Assigned	Enroute	Staged	Arrived	At Patient	Delay Avail	Complete	Cancel Reason
M01 65812	17:11:34	17:13:00		17:20:57	17:22:44		17:53:20	

<http://afdcad01dwh01/Webview/reports/IncidentReport.asp?65812>

AFD 1

5/9/2005

MAY-09-2005 06:43AM From: 9072674984

ID: ASHURN&amp;MASON

Page: 002 R=95%

0001399 PLTF

APR-20-2007 01:32PM From: 360 782 4358

ID: CIVIL FAX RM

Page: 004 R=94%

Exhibit D1A  
Page 59 of 63

Sent By: FRW;

360 782 4358 ;  
NEW ORLEANS

Apr-20-07 3:38PM;

Page 5  
0003

## Incident Detail

Page 2 of 5

E07	65812	17:11:34	17:12:58	17:19:33	17:47:40	18:33:22
B3	65812	17:11:34	17:13:04	17:19:52	17:22:38	17:47:18
E05	65812	17:14:01	17:14:04	17:15:46	17:17:34	17:50:09

## Destinations

Vehicle Location/Address	Mileage	Depart	Arrived	Complete
M01 Providence Hospital / 3200 Providence Dr		17:46:43	17:53:17	17:53:20

## Comments

Date	Time	User	Type	Comments
4/19/2003	17:11:45	WFI	Response	Alert Sent to S01
4/19/2003	17:11:45	WFI	Response	Alert Sent to S12
4/19/2003	17:11:45	WFI	Response	Alert Sent to S07
4/19/2003	17:12:59	RMSInterface	Response	[Station 05 Response District] Record #: 2310020030008093 [ProQA Summary:] Case Information Case number:0003005214 Location:3205 NORTHWOOD ST Callback number:907-245-5002 Problem:36 year not breathing Patients:1 Operator:MC Four commandment Information Age:36 years Gender:Male Conscious:No Breathing:No Chief complaint:9 Dispatch information Recommended dispatch:9--1 Actual dispatch:9--1 Medical Response:Echo Responder script Dispatch code:9--1 Dispatch level: You are responding to a patient in apparent cardiac (respirator y) arrest. The patient is a 36 year old male, who is unconscious and not breathing. Key Question Answers 1. Echo not selected from Case Entry 2. The caller is with the patient. 3. The arrest was not witnessed. 4. A defibrillator (AED 4/19/2003 17:16:06 MC Response ) is not available. 4/19/2003 17:16:06 MC Response apd on location during cpr - they hung up the phone 4/19/2003 17:16:31 MC Response blood coming from nose and mouth 4/19/2003 17:17:44 SJW Response E05 code 99 4/19/2003 17:33:09 SJW Response 10 minutes 4/19/2003 17:43:24 SJW Response 20 minutes 4/19/2003 17:46:49 SJW Response Divert Status Warning for Alaska Native Medical Center, Status 1,2 4/19/2003 17:46:52 SJW Response Divert Status Warning Overridden. 4/19/2003 17:50:59 MC Response apd adv pt going to prov 4/19/2003 17:53:14 SJW Response 30 minutes 4/19/2003 17:59:02 SJW Response Unit E07 current position updated to 3200 PROVIDENCE DR.

## Address Changes

AFD 2

<http://afdcad01dwh01/Webview/reports/IncidentReport.asp?65812>

5/9/2005

MAY-09-2005 06:43AM From: 9072674984  
0001400 PLTF

ID:ASHBURN&amp;HASON

Page:003 R=95%

APR-20-2007 01:32PM From: 360 782 4358

ID:CIVIL FAX RM

Page:005 R=94%

Sent By: FRW;

360 782 4358 ;

Apr-20-07 3:38PM;

Page 8  
004**Incident Detail**

Page 3 of 5

**No Address Changes****Priority Changes****No Priority Changes****Alarm Level Changes****Date Time Change to Alarm**

Date	Time	Change to Alarm
4/19/2003	17:11:34	Whetsell, Samantha J.

1

**Call Activities**

Date	Time	Radio	Activity	Location	Comments	User
4/19/2003	18:33:22	E07	11 - In Service			SJW
4/19/2003	18:33:22		Response Closed			SJW
4/19/2003	17:22:58	B3	05 - Pt Contact			SJW
4/19/2003	17:22:44	M01	05 - Pt Contact			SJW
4/19/2003	17:11:26		Incident Late		Waiting incident marked as late	
4/19/2003	17:11:34	M01	01 - Dispatched	5205 Northwood St	Response Number (4-03-02382)	SJW
4/19/2003	17:11:34	E07	01 - Dispatched	5205 Northwood St	Response Number (4-03-02383)	SJW
4/19/2003	17:11:34	B3	01 - Dispatched	5205 Northwood St	Response Number (4-03-02384)	SJW
4/19/2003	17:12:58	E07	02 - Responding	5205 Northwood St	Responding From = Station 07	SJW
4/19/2003	17:13:00	M01	02 - Responding	5205 Northwood St	Responding From = Station 01	SJW
4/19/2003	17:13:04	B3	02 - Responding	5205 Northwood St	Responding From = Station 12	SJW
4/19/2003	17:14:01	E05	01 - Dispatched	5205 Northwood St	Response Number (4-03-02387)	SJW
4/19/2003	17:14:04	E05	02 - Responding	5205 Northwood St	Responding From = Station 05	SJW
4/19/2003	17:15:46	E05	04 - On Location	5205 Northwood St		SJW
4/19/2003	17:17:34	E05	05 - Pt Contact			SJW
4/19/2003	17:19:33	E07	04 - On Location	5205 Northwood St		SJW
4/19/2003	17:19:52	B3	04 - On Location	5205 Northwood St		SJW
4/19/2003	17:20:57	M01	04 - On Location	5205 Northwood St		SJW
4/19/2003	17:46:43	M01	06 - Transporting	Alaska Native Medical Center		SJW
4/19/2003	17:47:03	M01	Change Tx Destination			SJW
4/19/2003	17:47:18	B3	11 - In Service			SJW
4/19/2003	17:47:40	E07	08 - Delayed Response			SJW
4/19/2003	17:50:09	E05	11 - In Service			SJW

<http://afid01dwh01/Wcbview/reports/IncidentReport.asp?65812>

AFD 3

5/9/2005

MAY-09-2005 06:43AM From: 9872674984

ID:ASHBURN&amp;MASON

Page:004 R=93%

0001401 PLTF

APR-20-2007 01:32PM From: 360 782 4358

ID:CIVIL FAX RM

Page:006 R=94%

Exhibit D1A  
Page 61 of 63



Sent By: FRW; 360 782 4358 ; Apr-20-07 3:37PM; Page 7/11  
 4/19/2003 17:53:17 M01 07 - At Hospital Providence Hospital SJW  
 4/19/2003 17:53:20 M01 11 In Service SJW

## Incident Detail

Page 4 of 5

## Edit Log

Date	Time	Field	Changed From	Changed To	Reason	Table	W
4/19/2003	17:11:06	Address	(Blank)	5205 NORTHWOOD DR	New Entry	Response_Master_Incident	AF
4/19/2003	17:11:09	Address	5205 NORTHWOOD DR	5205 NORTHWOOD ST	Entry Verified	Response_Master_Incident	AF
4/19/2003	17:11:25	Map_Info		192	Polygon Lookup	Response_Master_Incident	AF
4/19/2003	17:11:25	Grid Numbe		ANSW1927	Polygon Lookup	response_user_data_fields	AF
4/19/2003	17:11:26	Response_P		Level 4 EMS Respons	(Response Views	Response_Master_Incident	AF
4/19/2003	17:11:49	Priority_N	2	1	Updated by ProQ	Response_Master_Incident	AF
4/19/2003	17:11:49	Priority_D	Baseline Red	Code Red	Updated by ProQ	Response_Master_Incident	AF
4/19/2003	17:11:49	Problem	1Cardia/ Resp Arrest/Death	zCardia/Resp Arrest/Death Lev4	(Response Views	Response_Master_Incident	AF
4/19/2003	17:11:49	Determinan		09R01	(Response Views	Response_Master_Incident	AF
4/19/2003	17:11:49	ProQA_Case		0003005214	(Response Views	Response_Master_Incident	AF
4/19/2003	17:11:49	CIS_Used	0	null	(Response Views	Response_Master_Incident	AF
4/19/2003	17:16:08	Caller_Nam		MICROTEL	(Response Views	Response_Master_Incident	AF
4/19/2003	17:46:53			Outside Defined Area	Polygon Lookup		AF
4/19/2003	17:46:53			Outside Defined Area	Polygon Lookup		AF
4/19/2003	17:47:03	Address	4315 DIPLOMACY DR	3200 Providence Dr	Hospital Divers	Response_Transports	AF
4/19/2003	17:47:05			Outside Defined Area	Polygon Lookup		AF
4/19/2003	17:47:05			Outside Defined Area	Polygon Lookup		AF

## Custom Time Stamps

## No Custom Time Stamps

## Custom Data Fields

<http://afdcad01dwh01/Webview/reports/IncidentReport.asp?65812>

AFD 4

5/9/2005

MAY-09-2005 06:44AM From: 9072674984  
 0001402 PLTF

ID: ASHURN &amp; MASON

Page: 005 R=95%

APR-20-2007 01:32PM From: 360 782 4358

ID: CIVIL FAX RM

Page: 007 R=94%

Exhibit D1A  
 Page 62 of 63

Sent By: FRW;

360 782 4358 ;

Apr-20-07 3:37PM;

Page 8/11  
0008

**Incident Detail**

**Description Data**

**Grid Number** ANSW1927

**Page 5 of 5**

**End of AFD Incident # 2003231000008921 Detail Report**

<http://afdcad01dwh01/Webview/reports/IncidentReport.asp?65812>

AFD 5

5/9/2005

MAY-09-2005 06:44AM From: 9872674984

ID:ASHBURNMASON

Page:005 R=95%

0001403 PLTF

APR-20-2007 01:33PM From: 360 782 4358

ID:CIVIL FAX RM

Page:008 R=94%